ASTC

NEW LEADERS Fellowship

astc.org/newleaders
programs@astc.org
Application preview 2026

APPLICATION PREVIEW

After reviewing, please submit all materials at **https://astc.jotform.com/261557143041046**.
You will be able to save your progress as you go.

Applications are due July 13, 2026 by 11:59 p.m. PT.

SECTION 1 – APPLICANT INFORMATION

- First Name
- Last Name
- Email
- Job Title
- How long have you been in your current role? (years, months)
- What institution do you work for? (Must be an ASTC member science center or museum.)
- Where is your institution located? (city, state)
- How many people are employed at your institution? (Provide current number of full-time equivalent positions; best estimates are acceptable.)

SECTION 2 – ESSAY QUESTIONS (UPLOAD)

Limit your response to 300 words maximum, per question. To prepare your essay for anonymous review, do not include your name or institution name anywhere in your responses, including the title or file name. Save your responses together as one PDF with your initials and "Essay Responses" as the filename before uploading, e.g. NW_EssayResponses.pdf.

1. Why do you want to participate in the ASTC New Leaders Fellowship Program? What specific leadership skills could your work benefit from?
2. Think of a leader you admire and the skills and qualities that make them an effective leader. This leader can be a real person, a historical figure, or a fictional character. Please describe a conflict this leader had to address, 1-3 skills or qualities they relied on to develop a resolution, and what their effective leadership means to you.
3. What aspirations do you have for your institution and the broader field of science centers and museums? What role do you hope to play in this vision?
4. How do your experiences and identity as an individual help your institution deliver on its goals of being safe, welcoming and accessible to all?

SECTION 3 – SUPPLEMENTAL INFORMATION (UPLOAD)

- **Resume** - Applicants must submit a resume showing work history that demonstrates experience working in a supervisory/managerial capacity at a science center or museum for at least one year. Supervisory/managerial capacity is defined as a role with job responsibilities that include managing staff or projects, including performance management and budgetary accountability. This may include staff with titles such as supervisor, manager, or project manager. Please save your resume as a PDF before uploading.

- **Statement of Understanding** - Applicants must submit the Applicant and Institution Statement of Understanding participate in the New Leaders Fellowship. Please sign and date the form, then have your supervisor and Chief Executive do the same. Finally, upload the statement as a PDF.

SECTION 4 – SCHOLARSHIP INFORMATION

Your responses to these questions will help ASTC understand your need for financial support. This information, combined with individual merit and institutional characteristics, will help us allocate scholarship funding in a way that enables participation for as many highly qualified applicants, from as broad a range of ASTC-member organizations, as possible.

***Tuition** for the New Leaders program is $5,000.*

***Travel Costs** - Fellows will be responsible for travel costs associated with attending the ASTC Annual Conference in Phoenix, AZ from September 14 -19, including the cost of roundtrip transportation to Phoenix, 5–6 hotel nights, ground transportation, and select meals. Exact travel costs will depend on each Fellow's location, but are estimated at $1500—$2500.*

- Have you discussed the program cost and potential sources of funding with your supervisor and/or organization's leadership? (select one)
  - No
  - Yes, and at least some funding is available
  - Yes, and no funding is available
  - Yes, and the availability of funding is uncertain at this time

- Tuition - select one
  - I have secured the full tuition for the program
  - I wish to be considered for a tuition scholarship
- [If tuition scholarship requested] Indicate the amount of the tuition scholarship you are requesting

- Travel - select one
  - I have secured funding to cover all travel costs associated with the ASTC conference
  - I wish to be considered for a travel scholarship to cover hotel costs only
  - I wish to be considered for a travel scholarship to cover hotel costs and a $500 transportation stipend

- Optional: explain or elaborate on your responses above

SECTION 4 – OPTIONAL PERSONAL DEMOGRAPHIC INFORMATION

The following questions are optional. ASTC uses this information to better understand, in aggregate, the demographics of our field.

Some of the information you provide in this section may qualify as consumer health data under applicable state law in the United States. Providing this information to ASTC is optional and not a requirement for this application or participation in this program, nor will your responses on this section be considered during the selection process or scholarship determination. Please review our Consumer Health Data Privacy Policy regarding the use and storage of your consumer health data for the purposes of the 2026 New Leaders program.

If you have any feedback about these demographic questions, please contact us at info@astc.org.

- With which racial and/or ethnic group(s) do you identify? (Select all that apply)
  - American Indian, Alaska Native, or First Nations
  - Asian
  - Black or African descent
  - Hispanic or Latino/a/x
  - Middle Eastern or North African
  - Native Hawaiian or Other Pacific Islander
  - White
  - Another race or ethnicity not listed above
  - Prefer to self-describe _____
  - Prefer not to respond

- If you indicated that you prefer to self-describe or you would like to share additional information about your race and/or ethnicity, please do so here.

- How do you currently describe your gender? (Select all that apply)
  - Agender
  - Genderqueer
  - Genderfluid
  - Man
  - Non-binary
  - Transgender
  - Woman
  - A gender not listed
  - Prefer to self-describe _____
  - Prefer not to respond

- How do you describe your sexual orientation? (Select all that apply) [Multi-select response]
  - Asexual
  - Bisexual
  - Gay
  - Lesbian
  - Pansexual
  - Queer
  - Straight/Heterosexual
  - A sexual orientation not listed
  - Prefer to self-describe _____
  - Prefer not to respond

- How do you describe your disability status? We are interested in this identification regardless of whether you typically request accommodation. (Select all that apply).
  - Attention Deficit Hyperactive Disorder (ADHD)
  - Autism Spectrum Disorder (ASD)
  - Autoimmune Disease or Condition
  - Chronic Health Condition
  - Hearing Impairment, Deaf, or Hard of Hearing
  - Learning Disorder
  - Mental Illness
  - Mobility Impairment
  - Non-visible Disability
  - Physical Disability
  - Processing Disorder
  - Severe Allergies
  - Visual Impairment or Blind
  - Temporary impairment due to illness or injury
  - A disability or impairment not listed above
  - I do not identify with a disability or impairment
  - Prefer to self-describe _____
  - Prefer not to respond

- Which of the following categories best represents your highest level of education?
  - Some high school
  - High school degree/GED
  - Post-secondary vocational certification
  - Some college
  - Bachelor's/college degree
  - Some graduate work
  - Master's degree
  - Doctorate
  - Other
  - Prefer not to respond

- What is your age?
  - Under 18
  - 18-24
  - 25-34
  - 35-44
  - 45-54
  - 55-64
  - 65-74
  - 75 or older
  - Prefer not to respond