



SCHOOL APPLICATION

School Information

School Name: _____ Principal: _____
Address: _____ Superintendent: _____
_____ Grade levels: _____
Phone: _____ Enrollment: _____
Fax: _____ Percent students receiving free/reduced lunch: _____
Email: _____ Ethnic breakdown (student body): _____

School Contact Person

Name: _____ Title: _____
Affiliation: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____

College Partner *(Not required)*

College Name: _____ Title: _____
Address: _____ Phone: _____
_____ Fax: _____
Contact: _____ Email: _____

Questions (Please use no more than *THREE* pages to answer the following questions.)

1. Describe your student body.
2. Describe your school and college.
3. Describe your community (e.g., size, economy, relationship with school...).
4. What are the greatest challenges your school faces?
5. Describe the students that will be targeted by CFES.
6. Are there currently any funding sources in your community or elsewhere to support your school's participation in CFES?
7. Would you be able to budget funds to partially support your school's participation?

Please provide the following signatures as a show of support for participation in CFES.

Principal

Superintendent

College President