



ASSOCIATE MEMBERSHIP APPLICATION

\$7,500 annual cost

School Information

School Name: _____ Principal: _____

Address: _____ Superintendent: _____

_____ Grade levels served: _____

Phone: _____ Enrollment: _____

Fax: _____ % students receiving FRPL: _____

Email: _____ Ethnic breakdown (student body): _____

School website: _____

School Contact Person

Name: _____ Title: _____

Affiliation: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Questions Please use the space provided to thoroughly answer each question below. Add additional pages if necessary.

1. What do you hope your students, school, and community gain through participation with CFES?

2. Describe the students that will be targeted by CFES.

3. How will the \$7,500 Associate Membership be funded?

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

Principal

Date