PROGRAM IDENTIFICATION FORM
(Cover Page)

Name of Applicant:

_____

Applicant's Mailing Address:

_____	_____	_____
Address	**City**	**Zip Code**

_____	_____	_____
Name of President/Chancellor/Director	**Telephone Number**	**Fax Number**
_____	_____	_____
Contact Person	**Phone Number**	**E-mail Address**

TYPE OF ORGANIZATION **PROPOSED SERVICE SCHOOL or SCHOOL DISTRICTS**

_____ _____

PROPOSED COUNTY or COUNTIES

_____

TOTAL FUNDS REQUESTED: _____

SELECTED PROGRAMS:

___Career Coach ____Career Cluster Camp ____Career Cluster College Visits ___ACT Academy

CERTIFICATION

I (We) hereby certify that _____ on behalf of_____
(Name of Individual) (Agency Submitting Application)
is fully authorized, by law, to submit the following application for Funds, that the information contained herein is true and accurate to the best of my (our) knowledge and belief; and that I (we) am (are) fully authorized to submit said application on behalf of said agency.

_____		
Official Authorized to Submit Application	**Title**	**Date**
_____		
Chief Financial Officer	**Title**	**Date**
_____		
President/Chancellor/Director	**Title**	**Date**