

OACHE/TG SEEDS4SUCCESS Program School District Participation Application

Application Deadline – October 8, 2009 by 4:00 p.m.

Fax to 1-740-351-3186

School District Name and Contact Person/email: _____
 County _____

List of district schools

Please Note: Participation may be limited to 1 school per grade span

High School	Address	City	Zip	Contact Person Name/phone	Est. # students 10 th Grade	Est. # students 12 th Grade

Middle School	Address	City	Zip	Contact Person Name/phone	Est. # students 6 th Grade	Est. # students 8 th Grade

Elementary School	Address	City	Zip	Contact Person Name/phone	Est. # students 2 nd Grade	Est. # students 3 rd Grade

Number of Potential First-Generation Students	
Estimated Number of Free/Reduced Lunch Students	

Briefly describe your need for the OACHE/TG Seeds4Success Program?

What type of College Access programs does your district currently offer?

Describe contributions and commitments. Attach a signed authorization letter with District Superintendent signature.