

ARKANSAS CAREER COACH PROGRAM GRANT APPLICANT 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

Type of Programs Requested (check all that apply)

☐ Career Coach ☐ Career Exploration Camp
☐ Arkansas College Application Campaign

TOTAL FUNDS REQUESTED:
(Other)

(Career Education) (School District)

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