



**ASES and 21st CCLC Site Coordinators**

**Application Site Coordinator Community of Practice Pilot**

**DUE DATE: March 4th, 2016**

**Return to: (INSERT REGIONAL LEAD CONTACT INFO)**

**Personal and Program Information**

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| **Name of Applicant:**       |
| **Applicant Contact Information:** Email:       Site Phone:       Cell Phone:        |
| **Applicant Program name:**       | **Applicant Site Name:**       |
| **Grade Levels Served:** Elementary    Middle School    High School    K – 8     |
| **Primary funding source (check all that apply):** ASES    21st CCLC     |
| **Years of Experience:** Less than 1 Year    1-2 Years    3-4 Years    5+ Years     |
| **List the name and contact information for the supervisor who approved submission of your application (name, position title, phone, email):**Name:       Position Title:       Phone:       Email:        |

**Additional Questions Program information**

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| **Briefly describe why you are interested in being chosen to participate in the Site Coordinator Community of Practice Pilot:**       |
| **Describe what you hope to gain through your participation in the Site Coordinator Community of Practice:**       |

**Assurances**

By initialing the box below and submitting this application, I agree to/certify that:

* I have the ability to travel to meeting locations
* I will attend all three meetings of the Site Coordinator Community of Practice
* I will complete additional tasks related to the Site Coordinator Community of Practice (not to exceed two hours between each meeting)
* I have the support of my supervisor to participate (and I have included their contact information as part of this application)

**Initial Here:       Date:**