



# APPLICATION

## SCHOOL INFORMATION

School Name

(Must be in SCE&G service territory)

Principal Name

Street Address

City

State

Postal Code

Phone

School Web Address (URL)

Fax

## PRIMARY CONTACT INFORMATION

Prefix

First Name

Last Name

Suffix

Office Phone

Email Address

Is the person submitting this application the same as the primary contact? If no, please list name and title/position.

## SCHOOL DETAILS

Please provide demographic information about your school and student population.

Does your school qualify for Title 1 funding?

What is the free/reduced lunch percentage at your school?

Please provide a brief statement of need (i.e. budget limitations, increased student population, change in Title 1 status, etc.).

How would students be selected for this program?

What is the potential number of students that could be served in this program?

Who will provide transportation?

What is your anticipated budget to operate a homework center for the school year?

Please itemize your budget expenditures.

Please list the afterschool programs that will exist at your school during this application period. How do students qualify to participate in those afterschool programs?

**\*\*Note: Application period is for one year per school pending funds availability. \*\***