

**The Century Program (TCP)  
APPLICATION**

**School Information**

School Name: \_\_\_\_\_ Principal: \_\_\_\_\_  
Address: \_\_\_\_\_ Superintendent: \_\_\_\_\_  
\_\_\_\_\_ Grade levels: \_\_\_\_\_  
Phone: \_\_\_\_\_ Enrollment: \_\_\_\_\_  
Fax: \_\_\_\_\_ Percent students receive reduced/free lunch: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Ethnic breakdown (student body): \_\_\_\_\_

**School Contact Person**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Affiliation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

**College Partner**

College Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Questions (Please use no more than *THREE* pages to answer the following questions.)**

1. Describe your student body.
2. Describe your school and college.
3. Describe your community (e.g., size, economy, relationship with school...).
4. What are the greatest challenges your school faces?
5. Describe the students that will be targeted by TCP.
6. Are there currently any funding sources in your community or elsewhere to support your school's participation in TCP?
7. Would you be able to budget funds to partially support your school's participation after three years?

**\*\* Please provide the following signatures as a show of support for participation in The Century Program.**

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Superintendent**

\_\_\_\_\_  
**College President**