

EXEMPLARY PARTNERSHIP PROGRAM AWARD 2007

Step 2 Complete this information form.

Program Name: _____

Nominator's Name: _____

Nominator's Title: _____

Nominator's Address: (Street Address/City/State/Zip Code) _____

Nominator's Telephone Number: (____)_____

Organization Name: _____

Organization Address: (Street Address/City/State/Zip Code) _____

List of Community Partners: _____

The nominated program focuses on the following grade level or area: (Please select one)

Elementary

Middle/Jr. High School

High School

Vocational-Technical School

Other: _____

District: _____ County: _____

Address: _____

City/State/Zip: _____

District Superintendent: _____

District Telephone Number: (____)_____

Date of Program Initiation: _____