

ECF GLASS Award Submission Data Sheet

*Note to Applicants: This form may be retyped for completion, if necessary.*

Leader Applicant No. 1

Name:

If Leader/Applicant is not a natural person, give jurisdiction of formation of applicant entity and whether entity is for-profit or not-for-profit:

Street Address:

City, State and Zip Code:

Leader Applicant No. 2

Name:

If Leader/Applicant is not a natural person, give jurisdiction of formation of applicant entity and whether entity is for-profit or not-for-profit:

Street Address:

City, State and Zip Code:

*Attach additional sheets if leadership team has more than three members.*

Contact Information

Primary Contact Telephone Number:

Primary Contact Fax No.:

Primary Contact Email Address:

Project Information

Grades and/or ages of students to be served:

Proposed school name: