

## **2024–25 System of Support for Expanded Learning Renewal Application: Form 1–Cover Page**

Please complete the following for the System of Support for Expanded Learning (SSEL) Renewal Application. Please see section VI. APPLICATION SUBMISSION of the SSEL Renewal Application 2024–25 for instructions on application submission.

Name of County Office of Education:

Region Number:

Name of Authorized Agent:

Professional Title of Authorized  
Agent:

Address:

City, State, Zip:

Phone Number:

E-mail Address:

Name of County Contact Person:

Professional Title of County Contact  
Person:

### **County Name Where County Contact Person Can Be Located:**

(Complete this section and the cells below if information differs from what is above):

Address:

City, State, Zip:

Phone Number:

E-mail Address:

Signature of Authorized Agent: