

System of Support for Expanded Learning 2018–19 Renewal Application

Form 1–Cover Page

Please see section V. APPLICATION SUBMISSION of the System of Support for Expanded Learning Renewal Application 2018–19 for instructions on application submission.

Name of County Office of Education: _____

Region Number: _____

County Number: _____

Name of Authorized Agent: _____

Professional Title of Authorized Agent: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Name of County Contact Person: _____

Complete County Contact section below if information differs from above.

County Name Where County
Contact Person Can Be Located: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Signature of Authorized Designee: _____