

DC SCORES

School Application

DC SCORES SCHOOL APPLICATION

Please mail, email or fax completed application to:

Katrina Owens, DC SCORES Senior Director of Programs 1224 M Street, Suite 200 Washington, DC 20005 kowens@americascores.org 202.393.0655 fax

School Name:		Address:		
Phone #:	()			
Principal Name:		ears As Principal at School:		
Afterschool Coordinator	:			
Application Contact:				
		Name	Title	
		Email:	Phone #:	
Signature of Principal:				
3 1	Signature		Date	
Why are you interested in	n having DC SCOF	RES at your school?		
What are your main ques	tions or concerns a	about hosting this program?		
How did you hear about	DC SCORES?			

STUDENT INFORMATION

Please complete the following:

50-60%

GRADE			Number of Students			Number of Classes						
9	3		110111001	or ottacinto		1 (01)	11001 01 0140					
	4											
	5											
6												
7												
8												
TOTAL												
What percentage of your students are eligible for free or reduced-price lunch? less than 30%												
Please list the after school programs and activities currently offered, the frequency of each program, the months each program runs, and the estimated number of participants from each grade level.												
Name of Program	Frequency of Program	Months of Program	# 3 rd Graders	# 4 th Graders	# 5 th Graders	# 6 th Graders	# 7 th Graders	# 8 th Graders				
What percentage of your students do you estimate are currently engaged in these after-school activities? less than 30% 30-40% 70-80% greater than 80%												