



CHEEKWOOD EXPLORATIONS APPLICATION 2012

SCHOOL _____

ADDRESS _____ CITY _____ ZIP _____

SCHOOL PHONE _____ FAX _____

Contact information for individual completing the application:

NAME _____ TITLE _____

EMAIL _____

Cell Phone / Room Phone _____ Best time to call _____

Approximately, how many students will be in your 3rd grade in Fall 2012? _____

How many classes? _____

Has your school participated in any Cheekwood programs in the past? Yes _____ No _____
If so, which program(s)? When?

Why would you like to see your school take advantage of this program opportunity?
(Please answer on a separate sheet.)

What objectives would you like to see met with this program?
(Please answer on a separate sheet.)

PRINCIPAL'S NAME (Please Print) _____

PRINCIPAL'S SIGNATURE (Required) _____

Please email applications to kkwarciak@cheekwood.org
or fax to 615-353-9829 attn: Karen Kwarciak

Application Deadline: May 4, 2012