



The Challenge Program, Inc.

NEW SCHOOL INTEREST FORM

Please fill out and sign the form below to confirm your interest

CHECK ONE

Yes, my school is interested**

No, my school is not interested

SCHOOL INFORMATION

DISTRICT NAME: _____

HIGH SCHOOL NAME: _____

HIGH SCHOOL ADDRESS: _____

HS PHONE NUMBER: (____) _____ HS FAX NUMBER: (____) _____

WEB SITE: _____

IU #: _____ COUNTY: _____ ENROLLMENT: _____
9TH GR. 10TH GR. 11TH GR. 12TH GR.

CONTACT INFORMATION (please include all email addresses)

MAIN CONTACT*	TITLE	NAME	EMAIL ADDRESS	PHONE (IF DIFFERENT FROM ABOVE NUMBER)
<input type="checkbox"/>	SUPERINTENDENT			
<input type="checkbox"/>	PRINCIPAL			
<input type="checkbox"/>	GUIDANCE COUNSELOR**			
<input type="checkbox"/>	OTHER: _____			

*Please choose the individual who will serve as the main contact to TCP.

**We recognize that many schools have more than one guidance counselor. We ask that you please identify one guidance counselor from your staff with who we can communicate updates and program information to.

Disclaimer: If interested, your school will only be able to participate if a business ambassador is secured to sponsor your school. You will be contacted when the business match is made by TCP and an assembly will be scheduled.

SIGNATURE: _____

DATE: _____

PLEASE FAX AND/OR MAIL THIS FORM TO THE CHALLENGE PROGRAM, INC.

1001 BROAD STREET ★ SUITE 210 ★ JOHNSTOWN, PA 15906 ★ (814) 533-7401
WWW.THECHALLENGEPROGRAM.ORG