

**ARKANSAS CAREER COACH PROGRAM
GRANT APPLICANT IDENTIFICATION FORM**

(Cover Page)

Name of Applicant:

Applicant's Mailing Address:

TYPE OF ORGANIZATION

PROPOSED SERVICE SCHOOL or SCHOOL DISTRICTS

PROPOSED COUNTY or COUNTIES

Type of Programs Requested (check all that apply)

Career Coach Career Exploration Camp
 Arkansas College Application Campaign

TOTAL FUNDS REQUESTED: (Career Education) _____ (School District) _____
(Other) _____

CERTIFICATION

I (We) hereby certify that _____ on behalf of _____
(Name of Individual) (Agency Submitting Application)

is fully authorized, by law, to submit the following application for Funds, that the information contained herein is true and accurate to the best of my (our) knowledge and belief; and that I (we) am (are) fully authorized to submit said application on behalf of said agency.
