

THE ROWLAND foundation

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ CELL: _____

SCHOOL: _____ GRADES: _____

ENROLLMENT: _____ TOWNS SERVED: _____

PERCENT COLLEGE BOUND STUDENTS _____ PERCENT FREE AND REDUCED LUNCH _____

SCHOOL PHONE: _____

SCHOOL ADDRESS: _____

PRINCIPAL/HEAD of SCHOOL: _____

EMAIL: _____

YOUR POSITION/TITLE: _____

COURSES/GRADES CURRENTLY TAUGHT: _____

YEARS AT CURRENT SCHOOL: _____ YEARS IN EDUCATION: _____

Where do you see yourself in five years? _____

BRIEF SUMMARY OF PROPOSAL: _____

Signature _____