2017-2018 GLENN W. HOFFMANN EXEMPLARY PROGRAM AWARDS APPLICATION

Please complete and attach to your 2-page PROGRAM SUMMARY.
Please see the Guidelines and Category descriptions that accompanied this application.

CATEGORY--- Each application must designate one primary category for Hoffmann Award consideration. In addition, an applicant must designate one secondary category per application. Please put P for primary and S for secondary.

____ **Curriculum and Instruction**	____ **Community Connection**
____ **Targeted Student Populations**	____ **Accountability and Assessment**
____ **Technology**	____ **Student Leadership**
____ **Professional Development**	____ **Student Wellness**
____ **Family Involvement**	____ **Student Support Services**

Program Name _____

District _____ **School** _____

District Office Contact _____ **Position** _____

Email _____ **Phone** _____

Program Coordinator _____ **Position** _____

Email _____ **Phone** _____

Visitation Contact _____ **Position**_____

Email _____ **Phone** _____

Date Program Began (September 2014 or before): _____

Funding Source *(Check all that apply)*

     ___Grant ___Education Foundation ___Categorical ___General Funds
     ___PTA/Parent Club ___Other (explain) _____

Total Budget _____ **Renewable Funding** _____
                                                                 (Amount)
Superintendent or Board President Signature is no longer required.

MAXIMUM TWO-PAGE SUMMARY TO INCLUDE:

1. **Brief description of the program, goals and objectives, and number of students served.**

2. **History of program, including origination/adaptation, duplicated elsewhere.**

3. **Evaluation and measurable outcome.**