

**SECTION 1: APPLICANT SUMMARY**

1a. Organization Name: \_\_\_\_\_

2a. Primary Contact Person: \_\_\_\_\_

3a. Describe the Mission of your Organization and the Types of Training Services Provided (2,000 character limit):

4a. Describe the Certification/Credentials provided (i.e., Industry-Based Certifications, Certificate of Applied Science, and/or Certification of Technical Science) (2,000 character limit):

5a. Briefly describe Modality of Instruction (Face-to-Face; Online; Blended; Other):

6a. List School Districts/Regions Served or indicate if services are statewide:

7a. Is your organization a BESE-approved Supplemental Course Academy/Course Choice provider?  Yes  No

**SECTION II: PROVIDER BACKGROUND AND CAPABILITIES**

1b. Provider Background: history, years of operation, leadership, strengths (2,500 character limit):

2b. Experience Working with High School Students (1,500 character limit):

3b. Training Courses Offered:

4b. Background Information on Instructors – Recruiting, Background, Experience (2,500 character limit):

**SECTION III: PROVIDER FINANCIAL STRUCTURE/STRENGTH**

1c. Please provide contact information of staff able to answer additional questions on the financial management of the organization:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2c. What is the legal structure of your organization (i.e., corporation, LLC, non-profit, etc.)?

3c. Does your organization have an electronic accounting system?  Yes  No

4c. Does your organization have an assigned staff person responsible for all accounting/financial issues?  Yes  No

5c. Does your organization have current financial statements (income statement, balance sheet) available for review?  Yes  No

Please include 2017 financial statements with application.

6c. Does your organization have an annual budget available for review?  Yes  No

Please include 2017 annual budget with application.

7c. Does your organization have a training budget indicating a breakeven enrollment level?  Yes  No

Please include training budget with application.

**SECTION IV: REFERENCES**

If you are not already a BESE-approved course provider, please provide contact information (phone number, mailing address, and email address) for three (3) references.

**Reference #1**

<b>Name:</b>	<b>Contact's Phone #:</b>
<b>Contact's Mailing Address:</b>	
<b>Contact's E-mail Address:</b>	
<b>Relationship to Applicant:</b>	

**Reference #2**

<b>Name:</b>	<b>Contact's Phone #:</b>
<b>Contact's Mailing Address:</b>	
<b>Contact's E-mail Address:</b>	
<b>Relationship to Applicant:</b>	

**Reference #3**

<b>Name:</b>	<b>Contact's Phone #:</b>
<b>Contact's Mailing Address:</b>	
<b>Contact's E-mail Address:</b>	
<b>Relationship to Applicant:</b>	

**SECTION V: FINAL SUBMISSION**

\_\_\_\_\_

Print Name of Applicant

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Email of Applicant

\_\_\_\_\_

Phone Number of Applicant

**NOTE: Completed Application (with Printed Name/Signature of Applicant/Date) should be saved as a PDF file and emailed to [HighSchoolAcademics@la.gov](mailto:HighSchoolAcademics@la.gov).**