



# BUILDING TOMORROWS LEADERS (BTL) JR. PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF ACADEMIC SUPPORT  
SFN 62212 (08-2022)

School District		
School		
Street Address, City, State, Zip Code		
Name of Principal		Principal's Email Address
Facilitating Teacher	Facilitating Teacher Email Address	Facilitating Teacher Telephone Number
Estimated Start Date		Estimated End Date
Who will be participating in the program? Include grade levels and group/class descriptions, but do not name students.		
How will the BTL Jr. program be implemented at your school? Explain when, where, and how often the program facilitation will occur.		
What is your student-centered goal for the BTL Jr. program?		
Fund Request:  Estimated number of students _____ x \$15 per student = \$ _____		
If you would like to request additional funds, please enter your explanation. List your anticipated expenses and enter the total amount of the request here.		
Your signature indicates your assurance to do the following: <ul style="list-style-type: none"><li>• Submit a teacher program completion and evaluation form</li><li>• Administer and ensure submission of student completion survey</li><li>• Submit a claim request listing expenses and attach receipts</li></ul>		

## SIGNATURE

Signature of School Administrator	Date
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## FOR DEPARTMENT USE ONLY

Signature of Authorized Program Manager	Date Approved
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**APPROVED AMOUNT:**

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