

RETURN TO: Department of Public Instruction Academic Support 600 E Boulevard Ave., Dept. 201 Bismarck ND 58505-0440 Fax: (701) 328-0203

Application Information

School District					
Participating High School					
Street Address		City		State	ZIP Code
Principal		Principal Email Address			
Facilitating Teacher	Facilitating Teacher En	mail Address	Facilitating Teacher Telephone Number		
		Grade 12	Estimated Number of Students		
When do you plan on offering the program? (check all that apply) Fall Semester Other (specify)					
Explain how your school will incorporate the BTL program into its setting (suggested formats may include, but are not limited to, regular class periods, two-hour time slots, and half-day or full-day workshops). Please see BTL Overview and Advanced Preparation documents on the NDDPI website for additional guidance. Note: While all eight modules are encouraged, a minimum of six modules are required for reimbursement. Explain why your school is in need of the BTL program and how your students will benefit.					
Explain how the school plans to advise students on how to utilize and demonstrate their leadership skills beyond the classroom.					
Your signature below indicates your assurances to do the following: - Complete Budget Application (SFN 52929) and fully justify how funds will be used in the comments section. - Submit the student and teacher evaluations upon completion of the program. - Submit Completion Report upon completion of the program.					
Signature					
School Administrator Signature			Date		
FOR DEPARTMENT USE ONLY					
Signature (Authorized Program Manager)			Date Approved		
Comments		,			