

Application Information

School District					
Participating High School					
Street Address		City		State	ZIP Code
Principal		Principal Email Address			
Facilitating Teacher	Facilitating Teacher Email Address		Facilitating Teacher Telephone Number		
Grade Level Participation (check all that apply) Grade 9 Grade 10		Grade 12 Estimated No		mber 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, final Request for Funds (SFN 14660), and Final Financial Report (SFN 7822) upon completion of the program.					
Signature					
School Administrator Signature			Date		
FOR DEPARTMENT USE ONLY					
Signature (Authorized Program Manager)			Date Approved	ate Approved	
Comments					

RETURN TO:

Department of Public Instruction Office of Academic Support 600 E Boulevard Avenue, Dept. 201 Bismarck, ND 58505-0440

Fax: (701) 328-0203