



____ Non-Consortium District
____ New School, current Consortium District member

APPLICATION TO JOIN
CENTRAL COAST STUDENT OPPORTUNITY AND ACCESS PROGRAM CONSORTIUM

Name of District: _____ Superintendent: _____
Name of School: _____ Principal: _____
Address: _____
Street number and name *City* *Zip*
Telephone: _____ Fax: _____
Contact Person _____ Title: _____
Email: _____ Contact Number: _____

DISTRICT/SCHOOL PROFILE

- Describe your district or school. Include student demographic information, API/AYP data, staffing, parent involvement, community, any unusual circumstances.

- Which schools are being proposed for consideration?

NEED

- Why should your district or school be considered for membership in Cal-SOAP?

- What support is needed to increase the accessibility of post-secondary opportunities for your low-income, first generation, college-going students?
- How would Cal-SOAP tutors be used in your district or at your school?

DISTRICT/SCHOOL COMMITMENT

- Has your district or school been a past member of the Cal-SOAP Consortium?

- What support programs already exist in your district or at your school?

___ AVID ___ Upward Bound ___ Talent Search

___ TRIO Programs ___ Mesa ___ Gear UP

___ Other: _____

- What support can your district and/or site leadership offer in support of the Cal-SOAP mission?
- In what way, will your membership in Cal-SOAP enhance the effectiveness of the Consortium?

Required Attachments:
 Letter of support from Superintendent
 Letter of Support from Principal