

## Freshman Impact Program Application

*Step 2: Complete this application after Letter of Interest has been submitted and a Freshman Impact Program presentation has been scheduled for your community.*

**Criteria:**

1. A Local Program Coordinator(s).
2. Letters of Support from host school and guest schools.
3. Letters of Support from your local EMS, fire department and law enforcement.
4. Minimum of 100 freshman students.

**I. Local Coordinator(s) Information:**

Name	Phone Number	Email Address

**II. School Information:**

School District/ High School Name	Address	Contact Person/Phone (Principal or Counselor)	Email Address	Freshman Enrollment

**III. Community Information:**

A.	Tell us about your community (include any information that would be helpful in the planning of the program, i.e., recent teenage fatalities, demographics, )
B.	List specific teenage problems or topics of concern within each school or community, i.e. impaired driving, distracted driving, underage consumption, specific drug abuse, high suicide rate, etc.):

**C. List all available resources include any city/county/state/federal agencies, non-profit organizations, towing companies, mortuary services who could provide volunteers or equipment to use in the program.**

Name	Address	Contact Person	Phone	Email
Local Law Enforcement Agency				
Local Fire Department				
Local Emergency Medical Service:				
Lifeflight provider:				
State Agencies: Game, Fish & Parks State Parks				
Federal Agencies: National Parks				
Non-profit organizations: MADD Other:				
Towing Company				
Mortuary Service				
Judicial/Court:				

**D. List possible sources of community funding/resources, i.e. local businesses, corporate offices, industries, civic groups, individuals. Attach additional page, if needed.**

Name	Address	Contact Person	Phone	Email

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Completing Application