

## 2014-2015 AFTER-SCHOOL ACHIEVEMENT PROGRAM

### Proposed Weekly Scheduled Activities

Agency Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

**\* Include time, location (i.e. classroom, cafeteria, playground...) and program activity as described and outlined in Part II – Program Description of the proposal application. Elementary school-age campus must operate five (5) days a week and Middle school-age campus must operate at least three (3) days throughout the week.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Academic					
Personal Skills					
Enrichment					
Community Involvement					

#### Certification Statement

I certify that the information provided in this application is true and correct. I understand that this proposal will not be reviewed if received by the City Secretary's Office after 5 p.m. on Monday, April 7, 2014. If this proposal is funded I will work to insure that the program is carried out as outlined in this application, and that any proposed changes will be brought to the ASAP Director's attention.

\_\_\_\_\_  
Signature of Principal or Executive Director (IN BLUE INK!)

\_\_\_\_\_  
Date