

# Application: 0583616440

Test 2  
Early High School Graduate Pilot Program

## Summary

**ID:** 0583616440

## Program Narrative

**In Progress** - Last edited: Jan 21 2022

Please fill out the following sections with a description of your institution's plans and approach to implementing the Early High School Graduate program.

## Form for "Program Narrative"

In this section, provide an overview of the school(s) and/or local education providers applying for the pilot program and a description of how you will design your participation in the pilot program.

### Program Summary

To assist us in getting to know you, provide a brief overview of the schools/LEPs participating in this application, the composition and characteristics of the student body, and each school's points of pride. Please summarize your goals for participating in the pilot program.

(No response)

### Program Objectives

Describe the goals and outcomes you envision for your participation in the pilot program. Demonstrate that you have a clear vision for what the pilot will accomplish for participating schools/LEPs and for participating students. If more than one school is participating, and there are differences between how they will implement the program, please provide details.

(No response)

## Student Opportunities

Please describe the post-secondary education partnerships or training opportunities currently available to your high school students as well as new opportunities you would like to make available through the pilot program. Please include a brief description (including data & collection methodology) of how you know your students are benefiting from opportunities provided through these existing programs. This may include number of credentials earned, students participating, programs completed, etc.

(No response)

## Counseling Plan

Please describe plans for implementing student support and counseling services to participants, and for promoting and assisting future early graduates in accessing the program. Additionally, please describe how staff resources will be applied to carry out these plans.

(No response)

## Program Budget

Please complete and upload a budget template showing proposed school or district expenditures for your pilot program. Please ensure the filename includes the applicant name. Template is available on the Early High School Graduate Program website:

[https://cdhe.colorado.gov/sites/highered/files/EGP%20Application%20Budget%20Template\\_0.xlsx](https://cdhe.colorado.gov/sites/highered/files/EGP%20Application%20Budget%20Template_0.xlsx)

## Statutory Compliance

**In Progress** - Last edited: Jan 21 2022

In this section, you will provide key contacts for the oversight of your application, implementation, and reporting process, as well as provide preliminary data demonstrating your capacity to support statutorily-required data collection.

## Form for "Statutory Compliance"

In this section, you will provide required data supporting your application's narrative section.

### Application Primary Contact

**First Name**

(No response)

**Last Name**

(No response)

**Email Address**

(No response)

**Phone Number**

(No response)

**Application Secondary Contact**

**First Name**

(No response)

**Last Name**

(No response)

**Email Address**

(No response)

**Phone Number**

(No response)

**Participating Schools & LEPs**

Please fill out the name and address of all schools & LEPs this proposal will include. If all schools in a district are applying, you may instead provide the name and address of the district only.

**School 1**

**School 1 Name**

(No response)

**School 1 Street Address**

(No response)

**School 1 City/County**

(No response)

**School 1 Zip Code**

(No response)

**School 2**

**School 2 Name**

(No response)

**School 2 Street Address**

(No response)

**School 2 City/County**

(No response)

**School 2 Zip Code**

(No response)

**School 3**

**School 3 Name**

(No response)

**School 3 Street Address**

(No response)

**School 3 City/County**

(No response)

**School 3 Zip Code**

(No response)

**School 4**

**School 4 Name**

(No response)

**School 4 Street Address**

(No response)

**School 4 City/County**

(No response)

**School 4 Zip Code**

(No response)

**School 5**

**School 5 Name**

(No response)

**School 5 Street Address**

(No response)

**School 5 City/County**

(No response)

**School 5 Zip Code**

(No response)

## Additional Participating Schools

If you have more than five schools participating, list their name(s) and address(es) here.

(No response)

## Preliminary Data

Please upload an Excel template containing: the total number of potentially-eligible students, demographics of participating school(s), and current graduation rates. The template is available at the CDHE website:

[https://cdhe.colorado.gov/sites/highered/files/EGP%20Application%20Data%20Template\\_0.xlsx](https://cdhe.colorado.gov/sites/highered/files/EGP%20Application%20Data%20Template_0.xlsx)

## Statute-Required Reporting Acknowledgement

### Responses Selected:

By checking this box, I affirm that the schools/LEPs included in this application will, if selected, be able to report statute-required data on: Eligible & participating graduate numbers per school; and funding amounts requested; Demographic data of participating graduates; Funding requested by schools for each graduate. I further recognize that partner institutions and training providers will have separate reporting responsibilities to CDHE.

## E-Signature

### Responses Selected:

By checking this box, I affirm that the information provided in this application is accurate to the best of my knowledge.