

# NORMAN C. GYSBERS AWARD APPLICATION



School District Name: \_\_\_\_\_

County District Code: \_\_\_\_\_ - \_\_\_\_\_ Number of attendance centers in district: \_\_\_\_\_

Student enrollment in district \_\_\_\_\_ District Student/counselor ratio: \_\_\_\_\_

### **AWARD CATEGORY: (BASED ON DISTRICT ENROLLMENT)**

200 or less;  201-500;  501-1000;  1001-5000;  5001-10,000  10,001 or more

Contact Person: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person's E-mail: \_\_\_\_\_

### **Assurances:**

The enclosed documents accurately reflect the Comprehensive Guidance Program in its design, implementation, evaluation, and coordination in (**Insert name of School District**). These documents have been proofread for typographical and/or grammatical errors.

### **Person in charge of District Comprehensive Guidance Program:**

**Name**

**Signature**

\_\_\_\_\_

### **Building Administrator:**

**Name**

**Building Name**

**Signature**

\_\_\_\_\_

### **Comprehensive Guidance Advisory Council Representative**

**Name**

**Position (teacher, student, parent etc)**

**Signature**

\_\_\_\_\_

### **Superintendent/Board of Education Approval:**

It is understood that the application, completion and submission of the documents for the **GYSBERS** Award by our district is **voluntary** and that those documents may be shared with those interested in Comprehensive Guidance programs in Missouri.

Name of Superintendent: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Board Member: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline for receipt of all materials is June 30, 2010.**