



College and Career Goal Application 2018-2019 High School Campaign

www.collegegoal.az.gov

High School Information

High School Name: _____

Physical Address: _____ City/Zip: _____

Anticipated size of 2019 Senior Class: _____ Title I School? No Yes

Participation Options (Choose One)

- I want to participate in all College and Career Goal Campaigns (College Application, College Goal FAF\$A, and FAF\$A Finish Line).
- I want to participate only in the College Application Campaign.
- I want to participate only in the College Goal FAF\$A Campaign and FAF\$A Finish Line.

Date(s) and Time(s) of Your Event(s) Example: **Date:** October 10, 2018 **Time:** 8:00 a.m. – 12:00 p.m.

This information will be entered on a statewide calendar and used to help coordinate volunteers and higher education representatives throughout the state. Please inform the Commission of any changes to your event date(s) or time(s).

College Application Campaign **Date:** _____ **Time:** _____

College Goal FAF\$A **Date:** _____ **Time:** _____

Primary Site Coordinator (1) Information

Secondary Site Coordinator (2) Information

Name:	Name:
Email:	Email:
Title:	Title:
Phone Number:	Phone Number:

Principal Contact Information

Social Media Information

Name:	Facebook Account:
Email:	Twitter Account:
Phone Number:	Other:

The following statements are to be read and initialed by the Site Coordinators (SC) and the Principal (P).

✓ I understand that our goal is to have 100% of seniors complete at least one postsecondary application and/or start the FAFSA.

SC1: _____ SC2: _____ P: _____

✓ I understand that as a host site we will need to provide a location with computers and internet access during school hours.

SC1: _____ SC2: _____ P: _____

✓ I understand I will be required to recruit volunteers to assist students during the designated event date(s).

SC1: _____ SC2: _____ P: _____

✓ I understand I will need to ensure all participating seniors complete the Student Exit Report for the events I will be hosting.

SC1: _____ SC2: _____ P: _____

Signatures

Principal: _____ Date: _____

Primary Site Coordinator: _____ Date: _____

Secondary Site Coordinator: _____ Date: _____

Did you know?

The Commission will provide online training for event coordinators, staff, and volunteers, online program development materials, incentives for students, and promotional materials for the school to build their college-going culture. Resources can be found at www.collegegoal.az.gov



ACPE User Agreement

College and Career Goal Arizona Programs

This User Agreement between the ACPE and a College and Career Goal Arizona Program participant is for the purpose of establishing a secure interface for the dissemination of student-level data. The data may include a Student Exit Report which allows administrators to identify where students are applying, what is holding students back from applying, and how students feel about going to college in general; this data is collected during the Arizona College Application Campaign. For participants in the FAFSA Finish Line program, the data will include student-level information on Free Application for Federal Student Aid (FAFSA) completion statuses. FAFSA Finish Line data will allow administrators to provide targeted assistance to students and increase successful FAFSA completion rates.

I _____ am an employee of _____
(User Name & Title)

and my Employer has approved the use of this site. The employer must notify the ACPE within 5 working days to disable the account if the user ceases employment or duties no longer require access. In exchange for access to the ACPE System, the User agrees to the following responsibilities:

User Responsibilities

- I will not share my password and/or account and am responsible for all actions taken under my account.
- I will contact the ACPE If I have any questions about the use of this site.
- I agree to follow the Family Educational Rights and Privacy Act (FERPA) rules and regulations.

User Acknowledgement

I acknowledge that I have read this Agreement and have raised any questions. The user and or/employer, may at any time cancel this Agreement. I agree that if I do not follow this Agreement, that the Agreement will be terminated immediately.

User Signature: _____ Date: _____

Email: _____ Phone: _____

Principal or Lead Counselor Name (Printed): _____

Principal or Lead Counselor Signature: _____ Date: _____

Email: _____ Phone: _____

Mail completed form with signatures to:

College Goal Arizona Attn: Judi Sloan
2020 N. Central Avenue, Suite 650, Phoenix, AZ 85004
or scan the email to jsloan@azhighered.gov

<p>Internal Use Only ACPE Approval (Initial): _____ Date: _____</p>
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