

Participation Options (Choose One)

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

High School Name: _____ Title I School? No Yes

Site Coordinator Name: _____ Title: _____

School/Coordinator Address: _____

City/State/Zip: _____ Phone: _____

Email: _____

Size of 2018 Senior Class: _____ Number of admission applications filed by the class of 2017: _____

Date(s) and Time(s) of Your Event(s)

College Application Campaign: _____

College Goal FAFSA: _____

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

I agree that:

- Our goal is to have 100% of seniors complete at least one college/vocational program application.
- As a host site, we will provide a location with computer and internet access during school hours.
- The school will be responsible to recruit volunteers and higher education representatives to help students during the designated application times.
- The school will ensure all participating seniors complete the AzCAC Student Report immediately following the event(s).

Site Coordinator Initials: _____

College Goal FAFSA Campaign

I agree that:

- Our goal is to have 100% of seniors start the FAFSA.
- As a host site, we will provide a location with computer and internet access during school hours.
- The school will be responsible to recruit volunteers and higher education representatives to help students during the designated application times.
- The school will ensure all participating seniors complete the CG FAFSA Student Report immediately following the event(s).

Site Coordinator Initials: _____

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 the college-going-culture.

Resources can be found at www.collegegoal.az.gov

Secondary Contact Name: _____ Title: _____

Phone: _____ Email: _____

Printed Name of Principal: _____

Phone: _____ Email: _____

Signature of Principal: _____ Date: _____

Signature of Site Coordinator: _____ Date: _____



ACPE User Agreement

College and Career Goal Arizona Programs

I (User Name & Title) _____ am an employee of _____ 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 or Daniel Helm
2020 N. Central Avenue, Suite 650, Phoenix, AZ 85004
or scan the email to jsloan@azhighered.gov

Internal Use Only

ACPE Approval (Initial): _____ Date: _____