



## **Online Enrichment Course Funding Application**

## **CONTACT INFORMATION**

School Name					
School Address					
					<del></del> _
Principal Name		Email Address		Phone Number	
Virtual Coordinator Name		Email Address		Phone Number	
ONLINE ENRICHMENT COURSE INFORMATION					
# of Enrollments	ONLINE Course Title(s)	Vendor	COURSE INFORM  Cost per Course	/IATION  Total Funding	Semester
Requested				Requested	
					FIRST
					SECOND
					SUMMER
Please initial each lir By accepting eBrigac Designate an Carefully sele	ne indicating you have de funds I agree to: onsite point person ct students who carr	ve read, understand, (virtual program coory ry at least a C grade	AGREEMENT  Inline enrichment, origon, and agree to the tent  ordinator/mentor)  point average who can	rms below. an work independen	
Provide advar	nce determination of	f when online classe	s will be offered		
Provide stude	ent progress informa	tion, class level, cou	rse titles and final gr	ades to Blue Founda	tion
Principal Signature	::	Date:			