



Athletic Tutorial 2016-2017  
 Middle School/High School Athletic Tutorial Program Application  
 (Office of Extended Day Programs)

**School Name:** \_\_\_\_\_

**Athletic Tutorial School Athletic Director/Athletic Coordinator:** \_\_\_\_\_

**Athletic Tutorial Program Lead Teacher:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail Account:** \_\_\_\_\_

**Please provide the following information:**

	Name and Subject Area	Certified (Yes/No)
<b>Athletic Tutorial Lead Teacher/Coordinator</b>	1.	YES/NO
<b>Names of Teachers hired to work in the Athletic Tutorial Program</b>	Example: Traci Cooper (Science)	YES/NO
	1.	YES/NO
	2.	YES/NO
	3.	YES/NO
	4.	YES/NO
	5.	YES/NO
	6.	YES/NO

In the space provided below, please provide a summary of your proposed Athletic Tutorial Program including subject areas that will be offered, the time of operation (ex. 3:30 – 5:30 pm), proposed days of operation, proposed yearly schedule (ex. Number of operational weeks with dates), and any special resources that you plan to utilize.

**SUMMARY OF ATHLETIC TUTORIAL PROGRAM:**

**\*Note:** All middle and high school sites will be allocated \$10,000 to operate Athletic Tutorial Programs for the 2016-2017 school year. A proposed budget model would include the following formula:  $\$10,000 \div \$30.00 =$  the total number (#) of hours that will be available for tutorial services. Once the number of potential tutorial hours is computed, divide this figure by 2 (to divide the number of hours for the fall semester and spring semester).