



**REQUEST TO PARTICIPATE
MIDDLE SCHOOL IT ACADEMY TECHNICAL ASSISTANCE
WFI DEMONSTRATION PROJECT**

Instructions:

- To complete the following form, please print off the document and fill in each section (including "Additional Comments" where requested or as necessary to provide relevant detail).
- E-mail the completed form to tbumpers@experiencetwg.com.
- **Responses are due by 5:00 P.M. (EST) on March 21, 2012.**
- Should you have any questions regarding the completion of this form, please contact Tracy Bumpers by phone at (770) 458-9374 or by e-mail at tbumpers@experiencetwg.com.

General Information		
Name of School District	Address	
Name of Program Point of Contact	Point of Contact's E-mail Address	Phone Number
Name of Superintendent	Superintendent's E-Mail Address	Phone Number
Name of CTE Director	CTE Director's E-mail Address	Phone Number
Name of Middle School	Address	Total Enrollment
Name of Principal	Principal's E-mail Address	Phone Number
Name of Regional Workforce Board Contact	RWB Contact's E-mail Address	Phone Number



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Applicant Questionnaire		
Question	Yes/No/Not Applicable	Additional Comments
Does your middle school have any registered CAPE academies?		
Does your middle school have any registered CAPE Information Technology (IT) academies?		
Does your middle school feed into a high school that has a registered CAPE academy?		
Has your school produced any nationally recognized industry certifications to date? (If "Yes", please list the certifications produced under "Additional Comments".)		
Do you currently offer a computer or technology class? (If "Yes", please indicate, under "Additional Comments", whether the class is on a quarter, semester or year long basis.)		
Do you currently have or do you anticipate having a computer lab in place?		
Is the following software currently installed or anticipated to be installed in your school's computer lab:		
♦ Microsoft Office? (If "Yes", please list the version under "Additional Comments".)		
♦ Adobe? (If "Yes", please list the version under "Additional Comments".)		
♦ CIW?		



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Applicant Questionnaire		
Question	Yes/No/Not Applicable	Additional Comments
♦ Other? (If “Yes”, please list the software and version under “Additional Comments”.)		
Do you currently have a teacher who is industry certified in IT or prepared to become industry certified in IT by 2012? [If “Yes”, please list the certification(s) held under “Additional Comments”.]		
Do you have a budget set aside for a new career academy in 2012?		
Do local businesses currently work with the district to provide direct support to CTE programs/academies? (If “Yes”, please describe this support under “Additional Comments”.)		
In 200 words or less, please describe below why your school should be considered for selection to participate in this technical assistance demonstration project.		





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Approval Signatures (Please place signatures and dates above the appropriate sections.)	
Important Note: - By signing below, you are indicating: <ul style="list-style-type: none"> ▪ Your desire to participate in the demonstration project ▪ Your commitment to send the identified representative(s) to a required 3-day training session within the state of Florida ▪ Your commitment to supporting the development of a CAPE compliant Middle School IT Academy in your school district. 	
Program Point of Contact	Date
Superintendent	Date
CTE Director	Date
Principal	Date
Regional Workforce Board Executive Director	Date

Thank you for your interest in receiving technical assistance in the implementation of a CAPE compliant Middle School IT Academy. The Program Point of Contact will be notified regarding your participation status by March 30, 2012.



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