For Internal Use Only:

Application Number \_\_\_\_\_\_\_\_\_

**The EXEMPLARY PROGRAM Award**

Sponsored by the Academic Senate for California Community Colleges and

the Foundation for California Community Colleges

**Theme: Student Support Services**

**Submission Requirements:**

* College can only submit one application.
* Submit original application of the entire application to the Academic Senate Office no later than **November 4, 2019**. Late submissions or other exceptions will not be accepted under any circumstances.
* Send snail mail application to: Academic Senate for California Community Colleges, One Capitol Mall, Suite 230, Sacramento, CA 95814.
* Send scanned applications with the appropriate signatures via email to awards@asccc.org.
* Do not fax applications.

Note:A minimum of three nominations statewide must be received for the selection process to proceed.

**Application Packet and Evidence Checklist:**

* Complete the attached application, which addresses the overall success of the program and provide both quantitative and qualitative evidence to support the application. Applications with evidenced-based practices will score higher on the rubric (see attached). Demonstrating the program’s impact on the college as well as the potential to replicate the program at other colleges is integral. There is a maximum of 200 words per question which includes supplemental support or evidence.
* One letter of support from the college Academic Senate President **OR** College President that verify the overall impact of the program and the college’s commitment to its ongoing support. (Joint letters are accepted.) **Please do not include more than one letter.**

Failure to include the required letter of support and signatures will disqualify the application.

**Required Signatures:**

College Academic Senate President

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College President

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_