

*Instructions:*

1. Complete this *Signatures Page*: Print form. Gather signatures. Scan and save file to your computer.
2. Complete the separate PDF *Program Application* directly on your computer. Save file to your computer.
3. Attach the *Application* and *Signatures Page* to an email and send to [contactus@aspireoregon.org](mailto:contactus@aspireoregon.org).  
*You may fax or mail both forms to OSAC if you prefer.*

### Authorizing Signatures

I certify the information in the attached application is correct and that I am authorized by the governing board of this school district/college/site to submit this application to the Office of Student Access and Completion.

### School Principal or Site Administrator

I have read the application and will support ASPIRE programs in my school/site.

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Name ( <i>print</i> )	Signature	Date
Phone	Email	

### School District Superintendent

I have read the application and will support ASPIRE programs in my district.

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Name ( <i>print</i> )	Signature	Date
Phone	Email	

### Staff person who will directly supervise the ASPIRE Coordinator

I have read the application and will support ASPIRE programs in my site.

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Name ( <i>print</i> )	Signature	Date
Phone	Email	

**If you already have an idea of who your ASPIRE Coordinator may be, please share his or her name and contact information; if you don't know yet, leave this area blank.**

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Name ( <i>print</i> )	Signature	Date
Phone	Email	

**Submit completed application within 15 business days to:**

Office of Student Access and Completion-ASPIRE  
1500 Valley River Dr., Suite 100, Eugene OR 97401  
Fax: 541-687-7414