



## 2019 Application Cover Page

School District: \_\_\_\_\_

AEA: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

### School Counseling and Administrator Team Information

(Please use additional page if necessary)

Building/Site	Grade Level	School Counselor Name	Administrator Name

Please list the names and roles of any other professionals considered as a part of your school counseling program.

\_\_\_\_\_

\_\_\_\_\_

If designated as an ISCA District of Distinction, ISCA will notify your local newspaper, AEA, and school district officials. Please include contact information for the following here:

School Board President: \_\_\_\_\_

School Board President Email: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Superintendent Email: \_\_\_\_\_

School District Media Contact: \_\_\_\_\_

School District Media Email: \_\_\_\_\_

Local Newspaper: \_\_\_\_\_

Newspaper Email: \_\_\_\_\_