High School: __________________________________________

Team Leader: _________________________________________

Phone Number: _________________________________________

E-mail Address: _________________________________________

State the goal of your Tech Prep Partnership Activity Funds project.

List your objectives and rationale for your goals.

Please describe how completion of this Tech Prep Partnership Activity will enhance learning for your students.
How will your project be shared with the consortium?

(Request for reimbursement **must** be sent to the Tech Prep Office no later than, **May 2, 2011**.)

### Projected Cost *(Please detail all expenses)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Projected Completion Date</th>
</tr>
</thead>
</table>

Please return the completed Tech Prep Tech Prep Partnership Activity Funds Application to:

Jennifer Wagner
Moraine Park Technical College
235 North National Avenue
Fond du Lac, WI 54936-1940
FAX (920) 924-3421
jwagner@morainepark.edu

**DUE DATE: October 30th, 2010**
For Review Team Use Only:

Project Approved:
☐ Yes       ☐ No       ☐ Modification Needed

Steering Team Member Signature: ________________________________

Approval Date: ____________________________