



# LEARNING CENTER APPLICATION 2008 – 2009

(PLEASE TYPE OR PRINT IN INK)

Learning Center Name \_\_\_\_\_

Learning Center Main Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Application Contact Person \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

How many locations is your Learning Center planning to operate? \_\_\_\_\_

Description - Please use the space provided to briefly describe your organization's academic focus.

---

---

---

---

Mission (Please use the space provided to briefly describe the mission of your organization.)

---

---

---

---

Why are you interested in participating in Hope Online and establishing a Learning Center?

---

---

---

---

**Do you intend to operate any other business from this Learning Center location (i.e. day care; private school)? If so, please describe.**

---

---

---

---



**LEARNING CENTER CONTACT INFORMATION**  
**(Submit a separate form for each Learning Center Location)**

*Hope Online understands that this information may not be complete at the time the application is submitted. Please provide as much information as possible and continue to send contact information to Hope Online as it is determined by the Learning Center. Please submit an additional page if you need more room to list all mentors.*

Learning Center Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_ Grade Level \_\_\_\_\_

**Learning Center Contacts (By Location)**

**Director/Principal Contact**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Administrative/Financial Contact**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Student Admissions/Registrar Contact**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Technology Contact**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Lead Mentor**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Student Mentor**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Student Mentor**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Student Mentor**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Student Mentor**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Student Mentor**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_