

DC Futures Coaching Grant Program

Alternative Coaching Approval (ACA) Form

Directions:

DC Futures participants: Please complete and sign Sections 1 and 2 of this form to gain approval to substitute your assigned DC Futures coach with an existing coach from a reputable college and career coaching provider. Please have the coaching provider complete and sign Section 3 of this form. After the form is complete, please submit it to your assigned DC Futures coaching provider.

SECTION I. GENERAL INFORMATION (To be completed by DC Futures Participant)

Student Name:

OSSE Assigned Coaching Provider:

SECTION 2. ALTERNATE COACHING PROVIDER INFORMATION (To be completed by DC Futures Participant)

*Please note that any alternative coaching organization must be a registered legal entity in the District of Columbia as a 501(c)(3) nonprofit organization or be affiliated with an entity that is a registered 501(c)(3) nonprofit organization and has legal standing to operate in the District of Columbia.

1. Name of Organization:

2. Name of Coach:

3. Describe the coaching programming:

4. How often do interactions usually take place?

5. How long have you received coaching from this organization?

6. Please provide the website of the coaching organization:

Representative Signature	Date	
Organization Representative Printed Name	Email Address	Phone Number
above.		the organization hamed
By signing below, I attest that I have the auth	nority to sign on behalf o	f the organization named
We have read and understand the coaching p and agree to complete monthly participation may receive coaching participation stipends f through the DC Futures Program.	reports on behalf of said	student so that the student
-		o of the DC Futures are
Our coach meets with the above-noted studuring the summer months.	udent	_ times a month, including
On behalf of	(participant name) is on coaching designed to he a degree program at	officially registered with our elp the student successfully
SECTION 3. CONFIRMATION OF ENROLLMENT Provider)	– (To be Completed by A	Alternative Coaching
DC Futures Participant Printed Name DC	Futures Participant Signa	Date
the coaching I receive on a monthly basis, I m financial assistance through, the DC Futures p	nay jeopardize my partici	·
I attest that all of the above information I had understand that if there are inconsistencies a	•	· · · · · · · · · · · · · · · · · · ·
Phone Number:		
Email Address:		
7. Please provide the contact information for	the organization:	