



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

## DC Futures Coaching Grant Program

### Alternative Coaching Monthly Participation Confirmation Form

\*to be completed monthly **after** the Alternative Coaching Approval Form is approved by your DC Futures Coaching provider.

#### Directions:

DC Futures Program participants: Please complete and sign sections 1 and 2 of this form to confirm your monthly coaching participation with the approved alternative 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 to receive your monthly coaching participation stipend. This form is to be completed **monthly** to remain eligible for the DC Futures Program.

#### SECTION 1. GENERAL INFORMATION (To be completed by DC Futures Participant)

Student Name:

Coaching Participation Confirmation for the Month and School Year of:

Date this form is being completed:

#### SECTION 2. ALTERNATIVE 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 activities you participated in for the month you listed in SECTION 2:

4. Please provide the contact information for the organization:

- Email Address:
- Phone Number:

I attest that all of the above information I have provided is true to the best of my knowledge and understand that if there are inconsistencies and/or discrepancies in the information provided and the coaching I received for the month listed, I may jeopardize my participation in, and receipt of any financial assistance through, the DC Futures Program.

\_\_\_\_\_  
DC Futures Participant Printed Name      DC Futures Participant Signature      Date

**SECTION 3. CONFIRMATION OF MONTHLY PARTICIPATION – (To be Completed by Alternative Coaching Provider)**

On behalf of \_\_\_\_\_ (organization name), our organization attests to the fact that \_\_\_\_\_ (participant name) is officially registered with our organization to receive college and career coaching and participated in our coaching program for the month of \_\_\_\_\_ (month) as described by the participant in SECTION II of this form.

Our coach met with the above-noted student \_\_\_\_\_ time(s) during the month of \_\_\_\_\_.

We have read and understand the coaching participation requirements of the DC Futures Program and acknowledge that the completion this monthly participation report on behalf of said student allows the student to receive a coaching participation stipend from the coaching entity to which they were assigned through the DC Futures Program.

By signing below, I attest that I have the authority to sign on behalf of the organization named above.

\_\_\_\_\_  
Organization Representative Printed Name      Email Address      Phone Number

\_\_\_\_\_  
Representative Signature      Date