



ACT 101 PROGRAM

2016-17 INSTITUTION RENEWAL APPLICATION

NAME OF INSTITUTION:			
ADDRESS:		CITY:	STATE: ZIP:
OE CODE:	ACT 101 DIRECTOR:		
FAX: ()	PHONE: ()	EMAIL:	
<p>By signing this application, I certify that I am an authorized signatory of the institution and that I am duly authorized to submit this application on behalf of the institution. I further declare under the penalty of the laws of the Commonwealth of Pennsylvania, that the application (including attachments) as well as any information that is subsequently submitted has been examined by me/us and to the best of my/our knowledge such information is true, correct and complete. It is understood that the penalty for submission of fraudulent information on any application or for the subsequent submission of fraudulent information in any manner may subject me/us to a fine and/or imprisonment.</p>			
PRINT NAME:			
SIGNATURE:			
TITLE:			DATE:
Please complete the following and attach the indicated documentation along with this signed application:			
1. PROGRAM LENGTH:	9 MONTHS	12 MONTHS	ACADEMIC BRIDGE PROGRAM: YES NO
TOTAL NUMBER OF STUDENTS IN THE PROGRAM:	OF THOSE IN THE PROGRAM:	PART-TIME	FULL-TIME
<p>2. Please attach with this application, a description of your institution's 2016-17 Act 101 Program, including a list of primary service elements. Primary elements would include the specific nature and methods which the institution will use to enhance opportunities for eligible part-time and full-time students to achieve their educational goals (such as, special academic or support courses, advising, tutoring, counseling services or programs such as Academic Bridge Program, etc.). Please also include a brief summary of changes in your program from last year.</p>			
<p>You will be required to provide your institution's projected Act 101 Program budget for 2016-17, including funds from all sources and detailed expense categories before your initial payment is disbursed. If you have any questions, please contact Act 101 staff at act101@pheaa.org or at 800.443.0646, Option 3, Option 2 (a private number reserved for the use of postsecondary schools).</p>			
<p>Please submit this application and your program summary no later than June 30, 2016 via email or fax to:</p> <p>Email: act101@pheaa.org Fax: 717.720.3786</p> <p><i>2016-17 Act 101 InstitutionalRenewalApplication.Applications.Act 101</i></p>			