



TURN THE BAG BLUE & GOLD



PROUD TO SUPPORT

APPLICATION FORM

Chapter Name: _____ Chapter Number: _____

State: _____ Advisor: _____

Phone: _____ Email: _____

School Name: _____

School Address: _____

Number of members
in Chapter: _____

Number of members
Participating in Program: _____

WHY DOES YOUR CHAPTER WANT TO PARTICIPATE IN THIS PROGRAM?

WHAT SKILLS AND COMPETENCIES DO YOU DESIRE YOUR STUDENTS TO GAIN FROM PARTICIPATING IN THIS PROGRAM?

HOW DO YOU PLAN ON UTILIZING THE FUNDRAISING DOLLARS EARNED AS A RESULT OF THIS PROGRAM?

WHY SHOULD YOUR CHAPTER BE SELECTED TO PARTICIPATE IN THIS PROGRAM?

Email completed application forms to brevantmarketing@brevant.com.