



Expanded Learning Technical Assistance Unit

AARP Foundation Experience Corps 2019-20 – Interest Form

Due Friday, October 12, 2018
Email: melissa.f.macdonald@gmail.com

Grantee Name: _____

Name of Person Completing Interest Form: _____ *Yes, follow up with me about this opportunity.*

Email Address: _____ Phone #: _____

Grant Manager Name: _____ *Yes, follow up with Grant Manager about this opportunity.*

Grant Manager Email: _____ Phone #: _____

Number of School Sites with grades K-3: _____

Name(s) of School Site(s) with Quantity of K-3 students (*ex: Warner ES, 55 students*):

Please respond to the following questions:

What questions do you have about the AARP Foundation Experience Corps (EC) program?

What would you hope to gain from participating in this EC program?

Would you have site coordinators and program directors available to attend a training in the Summer of 2019 (approx. 25 hours of training) so program can kick off in Fall 2019?

Would you be able to contribute \$15,000–\$25,000 towards a county-level coordinator for this project?

Do you have a volunteer program already in place? If yes, who is the person coordinating? Provide name, email & cell #.

