

## Cross-Cultural Chinese Language Education Grant

### Application Form

School Name			
Location (State, County)		School types	<input type="checkbox"/> Public <input type="checkbox"/> Private
Mailing Address			
Responsible Administrator	Name		Phone
	Position		Email
Chinese language teacher(s)	Name		Email
	Name		Email
	Name		Email
School Information	Grades		
	Total number of teachers		
	Total number of students		
Chinese Program Information	Teachers		
	Students		
	Assessment tools		
	Potential of growth		
Have you previously received CBC Chinese language education grant?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you interested in sponsoring a visiting teacher from China?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing to implement HSK/YCT as part of assessment testing?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing to participate/promote immersive language learning summer camp program in China?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing to form a sister school relation with a Chinese school?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_