# Part IC: Education Attainment Partnership Signature Page

If applying as an education attainment partnership, provide contact information for each partner of the proposed program. Additional boxes and pages may be added as needed.

If applying as a workforce partnership, please leave this blank.

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| **Education Attainment Partner Organization Information** | | | | |
| **Partner Type** | | **Elementary School**  **Secondary School**  **School District**  **Public Higher Education Institution**  **Private Higher Education Institution**  **Local District College**  **Area Technical College** | | |
| **Organization Name** | | ­­ | | |
| **Mailing Address** | |  | | |
| **Website** | |  | | |
| **Education Attainment Partner Primary Contact Information** | | | | |
| **Name** |  | | **Title** |  |
| **Telephone** |  | | **E-mail** |  |
| **Signature** |  | | | |

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| --- | --- | --- | --- | --- |
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| **Organization Name** | | ­­ | | |
| **Mailing Address** | |  | | |
| **Website** | |  | | |
| **Education Attainment Partner Primary Contact Information** | | | | |
| **Name** |  | | **Title** |  |
| **Telephone** |  | | **E-mail** |  |
| **Signature** |  | | | |

**Note:** If the grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application. The signatures on this page may be original, electronic or with attached email approval.