



Reach for the Stars Program Application

Synergy & Leadership Exchange accepts applications on behalf of the Minnesota Academic League Council for academic enrichment programs and activities that are available statewide for K-12 students in Minnesota. Applicants will be evaluated to determine the educational enrichment for schools and students, based on the following four criteria: purpose, inclusiveness, sustainability and evaluation. For more details visit https://www.synergyexchange.org/reach-for-the-stars.

Applications that meet the criteria and are approved will be included in the Reach for the Stars catalogue. Applications must be received by March 1 to be included in the next catalogue. THIS FORM IS FOR REFERENCE ONLY. **Please complete the online application at** https://forms.gle/cKAmc6qgUA9WgNT3A. Email reach@synergyexchange.org with questions.

Part I. Program Information

13. Mailing Address (address, city, state, zip code)

If the application is approved, the information in this section, except for the address, will be included in your catalogue listing. Click on the gray box to type your answer.

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1.	Program or Activity Name	
2.	Grade Level(s) or Age(s) Served	
3.	Program Category (Select up to two that best fit.)	
	☐ Awards & Recognitions☐ Challenges & Competitions☐ Classroom Enrichment	☐ Conferences & Institutes☐ Leadership Development☐ Out of School Time Enrichment
4.	Academic Content Area(s) (Check the areas that apply to y Arts Business/Career Education General Language Arts	wour program.) Social Studies STEM (Science, Technology, Engineering or Math) World Languages
5.	Program Description (Brief program description to appear in the catalogue. Why should students participate? What will they gain? Make your description precise, engaging and exciting! Please limit to 70 words.)	
6.	Academic Skills (What skills are developed through participation? Select up to five that best apply.)	
	☐ Artistic expression ☐ Creativity ☐ Critical thinking ☐ Environmental stewardship ☐ Factual recall ☐ Global citizenship ☐ Interdisciplinary ☐ Leadership development	 □ Problem solving □ Public speaking □ Research □ Teamwork □ Time/budget mgmt. □ Verbal reasoning □ Other (please list)
8. 9. 10. 11.	Program Provider (If different from program name.) Fees & Deadlines (Include registration fees, deadlines, loc. Website (URL) Email Telephone (xxx) xxx-xxxx Contact Name (first and last)	al, regional and state event dates.)

The following information is for internal use only.
14. Name of person completing the form (first and last) 15. Email address of person completing form 16. Is your program offered statewide?
Part III. Purpose (Limit each response to 200 words.)
19. Describe how your program is youth-centered and educational in nature.
20. If applicable:
a. Describe how or what incentives, recognitions or awards are used for your activity.b. If judging is involved, describe criteria or guidelines used.
Part IV. Inclusiveness Limit each response to 200 words.)
21. How does the program encourage, welcome and engage students of many backgrounds, interests and abilities?
22. What are your strategies and processes for reducing barriers to underserved audiences? (e.g. of all cultures, with disabilities, availability to all genders, from low economic status)
Part V. Sustainability
23. We have policies/procedures regarding potential areas of risk/legalities (i.e. safety, transportation, volunteerism, ethics, etc.) and apply best practices to our programming. Yes No
24. Do you administer criminal background checks for all adults who are working directly with youth? Yes No Not applicable
If marked "No" or "Not applicable" please explain why:
25. How do you ensure program sustainability? (Describe financial and program management. Limit response to 20 words)
26. How long has your program been operating?
Part VI. Evaluation (Limit response to 200 words.)
27. How and what is measured to ensure high-quality learning? e.g. program quality (quality of adult practices implementing the program), youth or student outcomes, participation data