***Print this form on Your Institution’s Letterhead***

**Smart Scholars Early College High School Partnership Program – Cohort \_\_**

**Project Abstract & Work Plan**

**September 1, 2022 – August 31, 2023**

Lead Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_

**Target number of students to be served, by grade level:**

9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ 12th grade \_\_\_

**Target percentage of students who will earn college credit, by grade level:**

9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ 12th grade \_\_\_

**Target number of college credits students taking college courses will earn, by grade level.** *NOTE: Enter the target average number of college credits students will earn during the 2022-2023 project year, not the cumulative number***:**

9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ 12th grade \_\_\_

**Primary General Education Courses Offered:**

**Degree Pathways Offered:**

**Project Abstract** – P*rovide a* *one to two paragraph description of your Smart Scholars ECHS Partnership’s project goals and activities for September 1, 2022 – August 31, 2023.*

**Project Work Plan** – *List the major activities supported by the Smart Scholars ECHS grant funds, the persons responsible for carrying out the activities, the documentation being maintained, and the timeline for their implementation and completion. Add additional rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Person Responsible** | **Documentation***List the types of documentation you are maintaining, e.g., sign-in sheets, agendas, meeting minutes.* | **Timeline** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Authorized Representative Date*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Print Name and Title of Authorized Representative*