Community Program Information Database

Please fill out one form for each program offered by your organization.

Organization Name:	
Program Name:	
Program Purpose/Focus:	

Age/Grade Level:	**Program Capacity** (number of students served):

Program Duration (starting and ending dates):

Participation Fee/Cost:

Participation Benefits:

Application Process (where can applications be found, when are they due, when are selections made, etc.?):

All completed forms should be sent to Kevin Seals at kseals@hanson-inc.com or at Hanson Professional Services, 1525 S. Sixth St., Springfield, IL 62703.