

**The Educational Enrichment Initiative
TEEI Candidate Application**

Name of Center: _____

Center Address: _____

Hours of Operation: _____

Telephone: () _____

Website _____

Owner Name: _____

Director Name: _____

Mailing Address _____

Contact Number () _____

Contact E-Mail _____

Primary means of communication

Best Time to Call _____

Subject Offered _____

Ages _____

Grades _____

Signed _____

Date _____

