



**College Access Challenge Grant Program
 “Go To College”
 CLASSROOM SPEAKER INVITATION**

Applications may be completed online at <http://www.nevada.edu/epscor/college-access.html>, submitted electronically to [Natalie Mazzullo-Keeling@nshe.nevada.edu](mailto:Natalie_Mazzullo-Keeling@nshe.nevada.edu), sent via FAX, (702) 862-5594 (please include cover page), or by mail to:

**CACG “GO TO COLLEGE” PROGRAM
 Nevada System of Higher Education – Sponsored Programs Office
 755 E. Flamingo Road
 Las Vegas, NV 89119
 (702) 862-5590**

Name _____ Familiar/Nickname _____

Current Address _____

City _____ State _____ ZIP _____ Home Phone (____) _____

Cellular Phone(____) _____ Email _____

Place of Employment _____

Occupation _____ How long? _____

Work Address _____ City _____ State _____ ZIP _____

Business Phone(____) _____ Ext. _____ Fax(____) _____ OK to send to work address? _____

My work experience involves: math, engineering, technology and/or science: Yes No Other _____

Please circle the industry below in which you work or from which you have retired (circle all that apply):

- | | | |
|------------------------------------|----------------------------------|---------------------------------------|
| Agriculture/Food/Natural Resources | Government/Public Administration | Law/Public Safety/Security |
| Agriculture/Construction | Health Science | Manufacturing |
| Arts/AV Technology/Communications | Hospitality/Tourism | Marketing/Sales/Service |
| Business/Management/Administration | Human Services | Science/Technology/Engineer/Math |
| Education/Training/Finance | Information Technology | Transportation/Distribution/Logistics |

In addition to providing “Go To College” information, what skills, interests and/or activities would you like to share with students? _____

Are you submitting this application as part of a group? (i.e. church, social club, office affinity group) Yes No

Name of group _____

Do you have foreign language skills? Yes No If yes, what language(s)? _____

Age of group you would like to present to: Elementary Middle School High School

School district where you would like to participate? _____ Specific School? _____

How many presentations would you like to give per month? 1-3 3-5 5-7 Other _____

When are you available to speak? Day(s) _____ Time(s) _____

Would you be interested in participating as a "Go To College" mentor in the future? Yes No

Please recommend (name and contact information) AT LEAST ONE other professional who may be willing to provide classroom presentations on behalf of the CACG "Go To College" program.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Applicant's Signature _____ Date _____

****All applicants will be thoroughly screened and are subject to a background check.**

For further questions or comments regarding the CACG "Go To College" program, visit <http://www.nevada.edu/epscor/college-access.html>, or phone (702) 862-5590.