



## APS Power Players Clinic Application

*Please complete the following information to be considered for an APS Power Players Clinic*

### School Information:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

School or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### General Information:

School hours: \_\_\_\_\_ Number of students enrolled in school: \_\_\_\_\_

Student grade/age group (Program is currently geared toward fifth and sixth grade. Others may be accepted upon request): \_\_\_\_\_

Does your school/organization currently have a character education program?

YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, please explain curriculum or program: \_\_\_\_\_

\_\_\_\_\_

How will a Power Players clinic benefit your school/organization and students? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any specific pillars (Trustworthiness, Respect, Responsibility, Fairness, Caring, Citizenship) you would like us to focus on for your school/organization? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a clinic is held off campus at a sports facility, will your school be able to provide transportation for the students? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Power Players program? \_\_\_\_\_

\_\_\_\_\_

*Please send this request to:*

**APS Power Players Program**  
P.O. Box 53999, M.S. 8528  
Phoenix, AZ 85072-3999  
fax: 602-250-2429  
powerplayers@aps.com

**\*\*Please Note:** Maximum of 50 students per clinic