

*F.E.F.*

**SAT Preparation Project**  
**Course Application**

*Please Print or Type All Information.*

**Name of Center/Church/Organization:** \_\_\_\_\_

**Course Location:** \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

**Course Meeting Days/Times:** \_\_\_\_\_

**Course Beginning Date:** \_\_\_\_\_

**Course Ending Date:** \_\_\_\_\_

**Name of Course Instructor:** \_\_\_\_\_

**Course Instructor Telephone:** \_\_\_\_\_

**Course Instructor Fax:** \_\_\_\_\_

**Course Instructor Cell:** \_\_\_\_\_

**Student Name:**

**Parent/Guardian Name:**

**Parent/Guardian Telephone:**

1.		
2.		
3.		
4.		
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11.		
12.		
13.		
14.		
15.		

*Continue Student List on an Additional **Course Application Sheet** if Necessary.*

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Senior Pastor/Director of Organization*

**Printed Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_