



Application Cover Page

School District: _____

AEA: _____

Primary Contact Name: _____

Primary Contact Email: _____

School Counseling and Administrator Team Information (Please use additional page if necessary)

Building/Site	Grade Level	School Counselor Name and Email	Administrator Name and Email

At least one of the School Counselors **MUST be a member of ISCA. Please indicate which of the School Counselors are a member of ISCA on this cover page.

Please list the names, roles, and email addresses of any other professionals considered as a part of your school counseling program.

If designated as an ISCA District of Distinction, ISCA will notify your local newspaper, AEA, and school district officials. Please include contact information for the following here:

School Board President: _____ School Board President Email: _____

Superintendent: _____ Superintendent Email: _____

School District Media Contact: _____ School District Media Email: _____

Local Newspaper: _____ Newspaper Email: _____