

## **TAP** Technology Project Request Form

Please complete the following form, noting that all fields marked with \* are required.

Return to: TECH CORPS Illinois, 1751 Lake Cook Road, Suite 600, Deerfield, IL 60015

-or- fax: 847.790.2100 / email: director@tcil.org

School					
*Name					*Approx # of Students?
*Grades:	Elementary	Jr. High/Middle	High School		*Approx # of Teachers?
*Street Address					*Is a school technology plan in place?
*City / *Zip / *	County				*Is the school wired for the Interne?
Proposal Orig	inator				*Approx. number of computers in school?
*Your Name					*Does the school have a computer lab?
*Your relationship	to the school				*Approx # of computers per classroom?
Project Contact	ct			School Princip	pal
*Name				*Name	
*Position				*Phone	
*Phone				Email	
Email				School Fax	
* Days/Times ava	ilable to contact uestions:			*School Distric	ct
Project Description / We need volunteers/resources to do					

Think big or small. Use additional sheets, if necessary. Projects will be reviewed and schools selected by **TECH CORPS Illinois** in September and January, based on need, available resources, volunteer capabilities and school staff/administration interest. Questions? Feel free to call 847.790.2218 or email direct@tcil.org.