**COMMUNITY PARTNER ENGAGEMENT APPLICATION FORM**

Thank you for your interest in working with West Chester University’s Center for Community Solutions (CCS).

Please complete this application with as much detail as possible. The CCS staff will review your request and respond as promptly as possible.

**Date of Application:**

**Community Partner:**

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zip Code:**

**Community Partner Website:**

**Point of Contact Name:**

**Pont of Contact Phone Number 1:**

**Point of Contact Phone Number 2:**

**Point of Contact Email Address:**

**Project Overview:**

West Chester University, through the CCS, aims to fulfill its institutional mission through developing and sustaining mutually beneficial partnerships to generate a positive impact upon individuals and within the community.

Please indicate up to three prioritized areas of community need with which the CCS may assist you; if possible, please describe the specific project being proposed with as much detail as possible:

**Area 1:**

**Area 2:**

**Area 3:**

**Proposed Project Description:**

**Project Timeframe:**

Please indicate the proposed project timeframe and in particular any applicable deadline for project completion. Be certain to include whether it is anticipated that the project will be able to be completed within one academic semester or whether it may need to extend beyond the single semester timeframe.

**Location:**

Please indicate the location(s) where the student work will be conducted.

\*Due to the COVID-19 pandemic, student work will be conducted remotely for the Winter 2020/2021 and Spring 2021 academic terms. Please contact the CCS office should an exception be deemed appropriate and warranted.

**Additional Information:**

Please provide any additional information or comments about the project.

How did you learn about West Chester University's Center for Community Solutions?

We thank you very much for your application and are enthusiastic to our working together in partnership!