



**ALUMNI ASSOCIATION**  
Teen Challenge Training Center, Inc.  
Rehrersburg, Pennsylvania

**Annual Alumni Project  
Center Nomination Application**

**A. Nomination Eligibility:**

The following criteria must be met before the Alumni Association Executive Committee will consider an Annual Alumni Project Center Nomination Application:

1. The center must be a Teen Challenge Training Center, Inc. program **or**, ...
2. The center must have an active working relationship with the Training Center (i.e.: have a valid Service Referral Agreement on file **and** have transferred a minimum of 12 students to the Training Center in Rehrersburg within the previous 12 months of application submission).
3. The Director of the center must have an active Alumni Association membership.
4. The center must have at least 25% of its regular compensated staff (assistant director, program director, intake coordinator, counselors, teachers, office staff, drivers, support staff, Interns etc.), both full and part-time as active Association members.
5. The center Director must commit to be present at the Association Business Meeting & Luncheon during Celebrate to be acknowledged as the selection for the new annual project.
6. The center cannot have received the Annual Association Award within the previous five years.
7. If the center selected to receive the award ceases to exist, or ceases to maintain an active and viable working relationship with the Training Center, or the Service Referral Agreement with the Training Center is terminated, the Alumni Executive Committee reserves the right to reallocate the award funds, in whole or in part, to another qualified center with an approved Annual Alumni Project Center Nomination Application on file.

**B. Directions to submit Nomination Application:**

Complete the following application and submit it to the Teen Challenge Training Center, Inc. Alumni Association Executive Committee at least **60 (sixty) days before to the next Alumni Business meeting**. Nomination applications received after this deadline will be kept on file and considered for the following year.

**Mail to:** Teen Challenge Training Center, Inc.  
Alumni Association Executive Committee  
PO Box 98  
Rehrersburg, PA 19550

**Fax to:** (717) 933-5919,  
Attention: Alumni Relations Office

**Direct questions to:** (the above address), e-mail: [tctmail@teenchallengetc.com](mailto:tctmail@teenchallengetc.com),  
or call: (717) 933-4181, and ask for the Alumni Relations Advisor

(OVER)

**C. Nominator Information (Please print legibly):**

Your name: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_-home (\_\_\_\_)\_\_\_\_-\_\_\_\_-work (\_\_\_\_)\_\_\_\_-\_\_\_\_-cell

E-mail: \_\_\_\_\_ TC graduation date:\_\_\_\_-\_\_\_\_-\_\_\_\_

TCTC, Inc. program you graduated from: \_\_\_\_\_

Are your Alumni Association membership dues current? YES NO

*If "NO", you may remit your annual dues of twenty dollars (\$20.00) payable to: TCTC, Inc. Alumni Association when submitting this Nomination Application.*

**D. Center Information (Please print legibly):**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_-main (\_\_\_\_)\_\_\_\_-\_\_\_\_-alter. (\_\_\_\_)\_\_\_\_-\_\_\_\_-fax

E-mail: \_\_\_\_\_ Website:\_\_\_\_\_

Director: \_\_\_\_\_ cell:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Has the center been an Annual Project recipient in the past five years? YES NO

Are Director's Alumni Association membership dues current? YES NO DON'T KNOW

*If "NO", they may remit their annual dues of twenty dollars (\$20.00) payable to: TCTC, Inc. Alumni Association*

Will Director attend the upcoming Celebrate in July to accept award if chosen? YES NO

Other than the Director, list the names of the full and part-time compensated staff (including Interns) currently at the center? (Compensation would include room and board, stipends, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate those whose Alumni Association membership dues current with an (\*) after their name.  
*If dues are not current, remittance of dues can be made payable to: Teen Challenge Training Center, Inc. Alumni Association*

**E. PROJECT DESCRIPTION** (Please print legibly):

Provide a concise description of the project or purpose for which the awarded funds will be used for if the application is selected by the Alumni Executive Committee.

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How will these funds make a significant impact on the Center’s effectiveness and ministry?

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What other resources have been raised for this project?

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When will the awarded funds be used?

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Additional Comments/Information:

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*(Use additional paper, if necessary, to include more comments supporting project nomination. Submit photos where applicable.)*

**F. CONSENT TO PRINT OR POST PROJECT INFORMATION:** (Must be signed by Director)

I, \_\_\_\_\_, Director of \_\_\_\_\_,  
(print) (print Center name)

grant permission to the Alumni Association Executive Committee of Teen Challenge Training Center, Inc. to print or post, for promotional and informational purposes, any and all photos and the information submitted pertaining to the special project described within this application. I understand that submission of this application does not ensure acceptance by the Committee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_