



<h2 style="margin: 0;">APPLICATION FORM</h2> <p style="margin: 0;">To Start a Chapter of Imagine Beyond Foundation at            _____ (insert school name)</p>
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Please review the bylaws for Imagine Beyond Foundation Chapter on the website, before filling this form.  
 Email the completed form to [info@imaginebeyond.org](mailto:info@imaginebeyond.org)

**SECTION 1: SCHOOL INFORMATION**

<b>School Name:</b>	<b>School Type:</b> Elementary/Middle/ High School/College
<b>School Address:</b>	<b>City, State &amp; ZIP:</b>
<b>School Website:</b>	<b>School District/University Name:</b>

**SECTION 2: YOUR INFORMATION**

<b>Founder - First &amp; Last Name:</b>	<b>Co-Founder - First &amp; Last Name:</b> (if applicable)
<b>Founder – Email:</b>	<b>Co-Founder – Email:</b>
<b>Founder – Phone/Cell Number:</b>	<b>Co-Founder – Phone/Cell Number:</b>
<b>Founder Graduation Year:</b>	<b>Co-Founder Graduation Year:</b>
<b>Sponsoring Teacher:</b>	<b>Sponsor’s Email:</b>
<b>Founder- activities you are involved on campus and/or outside of school:</b>	<b>Co-Founder- activities you are involved on campus and/or outside of school:</b>
<b>Why do you want to start a Chapter?</b>	

**Signature of Founder:** \_\_\_\_\_  
**Date :** \_\_\_\_\_

**Co-Founder (if applicable) :** \_\_\_\_\_  
**Date :** \_\_\_\_\_