

Secondary Applicant (if applicable)

Name: _____
 Title: _____
 IRN: _____
 Phone: _____
 Email: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Sign: _____
 Date: _____

Secondary Applicant (if applicable)

Name: _____
 Title: _____
 IRN: _____
 Phone: _____
 Email: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Sign: _____
 Date: _____

Secondary Applicant (if applicable)

Name: _____
 Title: _____
 IRN: _____
 Phone: _____
 Email: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Sign: _____
 Date: _____

Secondary Partner (if applicable)

Name: Dr. George Ash
 Title: Superintendent
 Tax ID/IRN: 047779
 Phone: 740-283-3347
 Email: gash@omeres.net
 Address: 2023 Sunset Blvd.
 City: Steubenville
 State: OH
 Zip: 43952

Sign: *George Ash*
 Date: 10/25/13

Secondary Partner (if applicable)

Name: Dr. Charles Joyce
 Title: Director of Graduate Education
 Tax ID/IRN: _____
 Phone: 740-284-5292
 Email: cjoyce@franciscan.edu
 Address: 1235 University Blvd.
 City: Steubenville
 State: OH
 Zip: 43952

Sign: *Charles Joyce, Ed.D*
 Date: 10/25/13

Secondary Partner (if applicable)

Name: _____
 Title: _____
 Tax ID/IRN: _____
 Phone: _____
 Email: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Sign: _____
 Date: _____

