



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: _____

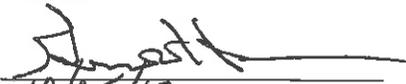
Secondary Partner (if applicable)

Name: St. Aloysius Orphanage, Dave Cash
Title: Sponsor Representative
Tax ID/IRN: _____
Phone: 614-837-8945 ext 13
Email: dcash@charterschoolspec.com
Address: 40 Hill Rd. South
City: Pickerington
State: Ohio
Zip: 43147

Sign: 
Date: 10/25/2013

Secondary Partner (if applicable)

Name: GERALD HORAK
Title: CEO
Tax ID/IRN: _____
Phone: 330-670-9470
Email: GERALD.HORAK@SUMMITACADEMIES.ORG
Address: 5791 MOGADORE RD
City: AKRON
State: OH
Zip: 44312

Sign: 
Date: 10/25/13

Secondary Partner (if applicable)

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

Sign: _____
Date: _____

