



**Delaware Pathways to Green Schools  
2019-2020 Application for Returning Program Participants**

**Name of School:** \_\_\_\_\_

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

**School district** (if applicable): \_\_\_\_\_

**Grade Levels:** \_\_\_\_\_ **Public, Charter or Independent?** \_\_\_\_\_

**Please provide thoughtful responses to the following questions:**

1) Why are you re-applying to the Pathways to Green Schools program? Please explain your primary goals and what you hope to get out of continued participation in the program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What successes have you had last year as a result of participating in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What challenges or barriers have you faced last year? If selected to participate again, how will you overcome these barriers?

\_\_\_\_\_  
\_\_\_\_\_

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4) What additional resources or support do you need from Green Building United or other partners to achieve your goals?

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5) Which Eco-Schools Pathways are you currently working on and have you completed an audit and/or action plan for the(se) pathway(s)?

Pathway #1 : \_\_\_\_\_  
Audit \_\_\_ Action Plan \_\_\_

Pathway #3 : \_\_\_\_\_  
Audit \_\_\_ Action Plan \_\_\_

Pathway #2 : \_\_\_\_\_  
Audit \_\_\_ Action Plan \_\_\_

Pathway #4 : \_\_\_\_\_  
Audit \_\_\_ Action Plan \_\_\_

6) Have you assembled an Eco-Action Team? If so, please describe briefly who is on it and how often you meet.

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**School Support:**

Please list **three members** of your school community who will actively support your school’s participation throughout the program, serve as the primary contacts between your school and GBU, and will be available to participate in an in-person interview with GBU staff. Examples include teachers, administrators, nutrition staff, nurses, guidance counselors, parents, community members, etc.

1) Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

3) Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

To ensure maximum school and district support for the initiatives in this program, we request that you obtain the approval of both the school principal and the school or district facility manager. Please have them sign and date below.

School Principal

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Manager

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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Candidates seeking early admission to the program should submit the below application by **Friday, July 12**. The program will accept applications on a rolling basis through **Friday, September 20** or until capacity is reached.

**All applicants are expected to participate in an in-person interview and will be notified of their selection status in advance of the October kickoff workshop.**