



2022-2023 College Club Application Form

School Name:

School Enrollment:

School Address:

Club President:

Email:

Phone:

Major/Degree:

Graduation Year:

Signature

Date:

Staff/Faculty Liaison:

Email:

Phone:

Signature:

Date:

Signatures on this application are a formal expression of your school's commitment to the 3 components of the Unified Champion Schools Program. Please see the requirements below for each school.



Requirements: Schools must commit to the minimum criteria listed in the Criteria checklist below, complete the spring evaluation process and send bi-annual updates to Special Olympics Massachusetts. Schools must provide paperwork to Special Olympics Massachusetts consisting of College Club member's names and date of birth, as well as providing contact information for all Executive Board members.

Unified Champion Schools <i>Check at least one option in each category.</i>	
UNIFIED SPORTS	
<input type="checkbox"/>	Unified Sport Intramurals
<input type="checkbox"/>	Unified Sports in Community
<input type="checkbox"/>	Unified Fitness
<input type="checkbox"/>	Young Athletes
YOUTH LEADERSHIP	
<input type="checkbox"/>	College Club
<input type="checkbox"/>	Student Athlete Leadership Council
<input type="checkbox"/>	Other: _____
WHOLE SCHOOL ENGAGEMENT	
<input type="checkbox"/>	Fans in the Stands
<input type="checkbox"/>	Hosting a Special Olympics Event
<input type="checkbox"/>	Special Olympics Fundraisers
<input type="checkbox"/>	Volunteering at Special Olympics Event
<input type="checkbox"/>	Spread the Word Inclusion Campaign
<input type="checkbox"/>	Other: _____

Return completed for and submit any questions to:
Rachel Carron at Rachel.Carron@SpecialOlympicsMA.org
Special Olympics Massachusetts (SOMA) 512 Forest Street, Marlborough, MA 01752
Phone: 508-485-0986 ex. 215 Fax: 508-481-0786