



**The Fluid Power Educational Foundation
Post Secondary Key School Application
current as of March 2009**

Name of Institution

Name of President/CEO

Name of Program/Department that supports the Fluid Power courses

Degree or Certificate conferred

Name of Administrator/Chairperson responsible for the program

Goal of the program as evidenced by attached written statement by the administrator or an official institutional document

Key Instructor/Professor for the Fluid Power portion of the program to be the authorized FPEF contact (Please attach Resume)

Names of other Fluid Power Instructors/Professors to be authorized FPEF contact (Please attach Resumes)

Names of other Instructors of technical support courses for Fluid Power

For Fluid Power courses: _____ _____ _____
Number of contact hours/week weeks/semester semesters/year

Number of times each course is offered during school year (day/night)

| Advisory Committe Member | Industry represented | Advisory Committe Member | Industry represented |
|--------------------------|----------------------|--------------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list the ways in which the Foundation can be of help to your institution; express your expectations of the Foundation.



The Fluid Power Educational Foundation Commitment Statement

I have read and understand the requirements necessary to be considered as a Key School by the Fluid Power Educational Foundation and will fully commit the resources necessary to fulfill these requirements for the next three years _____ through _____.
mo./yr. mo./yr.

President/CEO (please print name)

Signature

Date

Department

Phone

FAX

Address

City

Zip Code

FPEF Contact:
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