



**STENNIS
INSTITUTE**
MISSISSIPPI STATE
UNIVERSITY

FIRST IMPRESSIONS [COMMUNITY APPLICATION]



Note: Incomplete or unsigned applications will not be considered.

Name of Community: _____ Date: _____

Primary Contact: _____ Telephone: _____ Fax: _____

E-mail: _____ Professional Title/Occupation: _____

Mailing Address: _____

Sponsoring Organization: _____

Please answer the following questions:

▶ How did you hear about the First Impressions program?

▶ Why does your organization wish to sponsor the First Impressions program in your community?

▶ Do you prefer the standard overall assessment or should the program be tailored to certain sectors of the community? Standard Specific

▶ If specific sectors are requested, check all that apply:

- Downtown Retail Areas Entry Corridors Commercial Corridors Parks
- Industrial Areas Recreation/Tourism Attractions Health Care Facilities
- Residential Other(s) (specify) _____

▶ If your community is selected to participate, the following five (5) individuals have agreed to be a part of the visitation team to another community:

1. Name: _____ Occupation: _____
Phone: _____ E-mail: _____
2. Name: _____ Occupation: _____
Phone: _____ E-mail: _____

