

Book Grant Application BG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and email this application to Mary Nolin: [mnolin@nhhumanities.org](mailto:mnolin@nhhumanities.org) *four* weeks prior to the date of your first book program.

**Organization:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Teacher(s):** Click or tap here to enter text.

**Teacher’s preferred phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Number of expected participants including teachers:** Click or tap here to enter text.

**Type of class** (ESOL, ABE, ALS, HS Equivalency, Disabled Adult, Correctional Facility, Family Literacy, other): Click or tap here to enter text.

**Book Discussion Theme:** Click or tap here to enter text.

**Books Requested:**

|  |  |  |
| --- | --- | --- |
| **Title** | **Author** | **Dates of Book Discussion** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**What are your goals for class book discussions?**

Click or tap here to enter text.

**County: \_\_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Congressional District:** District 1 District 2 **(please underline/highlight district)**

**Program Location Demographics:** Rural Suburban Urban **(please underline/highlight location)**

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**Assurance:** By submitting this form, I certify that each of the students in my classroom will receive a copy of each of the books requested and they will keep the books to share with their families. The organization and individuals named in this application have agreed to participate in the proposed book grant on the terms specified. NH Humanities’ support will be acknowledged verbally at the program and on printed materials. **I agree to complete all required evaluation, student work samples, and attendance forms within two weeks of the end of the program.**

**Teacher or Program Coordinator:**Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Connections Coordinator:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Please attach completed form to:** [**mnolin@nhhumanities.org**](mailto:mnolin@nhhumanities.org)