Application for *Connections* Book Discussion Series CX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and email this application to Mary Nolin: mnolin@nhhumanities.org *four* weeks prior to the date of your first book discussion.

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| Host Organization: Click or tap here to enter text.Teachers(s):Click or tap here to enter text.**Teacher’s Phone:**Click or tap here to enter text.**Email:**Click or tap here to enter text.**Address of program location with zip code:**Click or tap here to enter text.**Type of Series: Virtual or In Person****Virtual Platform you are using:** Click or tap here to enter text.**Do you need to use an NHH Zoom account: Yes or No****Number of expected participants:**Click or tap here to enter text. | County: Click or tap here to enter text. *Please underline district and location demographics*Congressional District: District 1 District 2**Program Location Demographics:** Rural Suburban Urban |

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| ***Please underline type of class and reading level.*** **Type of class** (ESOL, ABE, ALS, HS Equivalency, Disabled Adult, Correctional Facility, Family Literacy, other)**:** Click or tap here to enter text. **Reading Level**: Literacy Beginner Intermediate Advanced Other:Click or tap here to enter text.**­­­Series Theme:** Click or tap here to enter text. **Date Day of Week Time Book Title, Author**1. Click or tap here to enter text. 2.Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. **Evaluation. We may come for a discussion on this date or join in on the 4th *Connections* date.**  | **2 goals for this Connections series: what do you hope your class will specifically gain from this experience?**Click or tap here to enter text. |

**Assurance:** By submitting this form, I certify that the organization and individuals named in this application have agreed to participate in the proposed program on the terms specified. I understand and accept the condition that this program must be free and that NH Humanities’ support will be acknowledged verbally at the program and on ALL printed materials. **I agree to complete all required evaluation 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 Program Manager:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**New Hampshire Humanities completes this section:**

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| **Facilitator Information:** **Name:**Click or tap here to enter text.**Address:** Click or tap here to enter text.**Email:** Click or tap here to enter text.**Phone:** Click or tap here to enter text. | **Payment:** You will be paid one installment after you have completed two sessions and the remainder plus mileage after you have completed the series and send in your written evaluation. **Stipend:** **:** $200 x number of sessions (2/4) = + $ 100.00 Stipend if Pre-visit made = **Mileage:** (RT from your address to the address of the program) x4= x .50 per mile = Tolls: **Stipend Mileage Total:**  |

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**Facilitator:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

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

**Please attach completed form to:** **mnolin@nhhumanities.org**