

**PARTNER SCHOOL APPLICATION**

**Name of School:**

**County/District:**

**Address:**

**City: GA Zip**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School’s Social Media Handles:**

**\*Applications will NOT be considered without the Principal’s signature.**

**Send completed applications to** **fefehandy@ptmgl.com****.**

**Description of the Program and School Benefits:**

* **\*At least 3 Authors’ Visits/Engagements.**
* **\*School will receive at least 200 books (TOTAL).**
* **Generate excitement around reading.**
* **Exploring new books as a group.**
* **Students will deepen their understanding of text-to-text, text-to- self, and text-to-world.**
* ***Other page turning perks will be announced!***

**Please place initials beside each statement. I AGREE to:**

\_\_\_\_\_\_ complete and submit a survey regarding the program (beginning/end of school year)**;**

\_\_\_\_\_\_ have a social media presence and provide periodic updates with photos and/or videos tagging @PTMGL (via Twitter) and/or @pageturners\_rule (Instagram);

**Partner School Fee:**

**The partner school fee is $3,500.** It remains our primary goal to support all schools who request our program; however, it is not feasible without funding partnership. We are confident that the benefit will be far greater than the investment.

Funding Available? Yes \_\_\_\_ No \_\_\_\_\_

What kind of funding will be used to support the partner school fee?

Title Funds \_\_\_\_\_ Donations \_\_\_\_\_ Other \_\_\_\_\_