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 across author visits (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!***

I AGREE to (place initials):

_____ have a social media presence and provide periodic updates with photos and/or videos tagging @pageturners_rule (Instagram).

_____ provide feedback regarding students' interest, increased book circulation and interest, using books as novel study, etc.

Partner School Fee:
The partner school fee is $4,500. It remains our primary goal to support all schools who request our program; however, it is not feasible without funding partnership. We are confident 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 _____

*If the author, publicist or publishing house cancels the visit, PTMGL will offer and schedule another author at a mutually agreeable date/time.

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