



Connections Reading and Discussion Application

Applications must be received no later than FOUR weeks prior to the program.

Return the signed form to: Terry Farish, tfarish@nhhc.org or mail to New Hampshire Humanities Council, 19 Pillsbury Street, Concord, NH 03301. Fax: 603-224-4072

SPONSOR COMPLETES TOP SECTION IN FULL

Sponsor (organization) _____

Address _____

(Please note: contracts & information will be mailed to this address)

Location of Program _____

(if different from above)

Teacher (or program coordinator) _____

Phone _____ E-mail _____ Cell _____

Congressional District (check one): District 1 District 2 **Region of NH (check one):**

Dartmouth/Lake Sunapee Region Lakes Region Monadnock Region

North Country Merrimack Valley Seacoast

Number of expected participants including teachers _____ **Reading Level** _____

Type of class (ESOL, ABE, GED, Family Program, other) _____

Series Title _____ **NHHC Facilitator** _____ **Facilitator cell** _____

Date	Day of Week	Time	Book Title & Author
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

Evaluation Discussion with participants and teachers

Library Contact and Phone _____

The Humanities Council will pay your facilitator.

\$200 x number of sessions _____ = _____

Total miles _____ x .50 per mile = _____

Assurance: I certify that the organization and individuals named in this application have agreed to participate in the proposed program on the terms specified, and I understand and accept the condition that this program must be free as well as the requirement that Council support must be formally acknowledged at the program and on ALL printed materials.

Program Coordinator (signature) _____ Date _____

NHHC Literacy Coordinator (signature) _____ Date _____