

# Connections Reading Discussion Application 2008



**Applications must be received no later than FOUR weeks prior to the program. Please keep a completed copy of this application for your records and final report.**

Return the completed, signed form and the \$50 application fee to:  
 New Hampshire Humanities Council, 19 Pillsbury Street, Concord, NH 03301.  
 Please call us at 224-4071 if you have any questions.

**Sponsor** (organization) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Region \_\_\_\_\_ Congressional Dist. \_\_\_\_\_

For region: [www.visitnh.gov/towns.html](http://www.visitnh.gov/towns.html) For congressional district: [www.sos.nh.gov/congress.htm](http://www.sos.nh.gov/congress.htm)

**Co-sponsor** OPTIONAL (organization) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Where will the program(s) be held? (Place, physical street address, town)

\_\_\_\_\_

**Coordinator** (contact person for the scholar and the Humanities Council)

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Series Title \_\_\_\_\_

Number of expected participants \_\_\_\_\_

Date	Day of Week	Time	Book Title & Author	Scholar
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____

The Humanities Council will send you a check to pay the facilitator's fee of \$175 per book discussion session and full mileage. Contact your scholar(s) for information on how far she/he will be traveling to facilitate your program.

\$175 x number of sessions \_\_\_\_\_ = \_\_\_\_\_

Total miles \_\_\_\_\_ x .40 per mile = \_\_\_\_\_

**Total cost of your program** \_\_\_\_\_

**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: \_\_\_\_\_