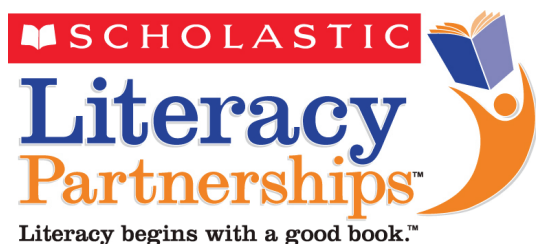


Literacy Partnership Application



Date _____

☐ I certify that our organization is purchasing books from Scholastic with the sole purpose of distributing them to children for use in their homes for **FREE**

Program information

Name _____
Title _____
Organization _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
E-mail _____
Website _____

Bill To (If different from Program information)

Name _____
Title _____
Organization _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
E-mail _____
Responsible Party _____

How did you hear about Scholastic Literacy Partners?

☐ Internet ☐ Conference ☐ Mailing
☐ Magazine ☐ Scholastic rep

☐ **Another literacy partner (if so, who?)**

What is the primary focus of your organization?

☐ Health Services ☐ Child Care
☐ Reading / Education ☐ Shelter
☐ Community Service ☐ Library
☐ Literacy Coalition/Council ☐ Resource Center
☐ Other: _____ ☐ Tutoring

Signature of Responsible Party (required)

What is the total estimated number of books your program purchases each year?

☐ 1-100 ☐ 100-300 ☐ 300-500 ☐ 500+

How many children does your program serve? _____

What are the ages/grades of the children?

☐ Birth-4 ☐ K-3 (Ages 5-8) ☐ 4-6 (Ages 9-11)
☐ 7-9 (Ages 12-14) ☐ 10-12 (Ages 15-18)

Upon qualification of the enclosed information, you will be issued a Literacy Partner Authorization number.

At that time a Scholastic Account representative will contact you with your account numbers and give instructions for placing your first order.

If you have any questions regarding the following application please call 1-800-387-1437
Please fax your completed application to: (866)-510-6080 Attn: LP Setups