



Hoopoe Books-Share Literacy™ Program

Application Form for Schools or Centers

School/Center: _____

Address: _____

Phone number: _(____)_____ FAX number: _(____)_____

Email address: _____

Principal/Director: _____

Contact Person: _____ Title: _____

Materials will be sent to your school or center address unless otherwise indicated.

Teachers, trainers, assistant teachers receiving books and/or training: _____
Total # Children receiving materials: _____
of Children in Grade levels PreK-K: _____ 1-2: _____ 3-5: _____
Total # of English-only books: _____ Total # of Bilingual (Spanish/English) books wanted: _____
If Hoopoe titles are available in Spanish-only, total # of Spanish-only: _____

What is the age range of the children? Ages _____

What is the literacy level of the children? _____

Have the children previously participated in any other literacy program? Yes___ No___

If yes, which one(s)? _____

What is the income level of the families served by your program?

Poverty _____% Low Income _____% Moderate Income _____% Middle Income _____% Unknown _____%

What is the ethnic diversity of the children? (a percentage breakdown would be helpful).

African American/Black _____% Asian American _____% Central Asian _____%

Hispanic/Latino _____% Native American _____% White Non-Hispanic _____%

Other _____

What is the earliest date when the program can be started at your facility? _____ (if not known at this time, please provide this information as soon as possible)

What is the main reason why you decided to participate in this program? _____

Please provide this information to help determine the cost of the program at your agency:

This program provides materials and training at cost to programs serving at-risk children and families. Does your organization have the funding for these materials and training? Yes___ No___

Would you like an estimate of total costs so that you can decide whether to participate? Yes___ No___

If you will need assistance from Hoopoe/Share, what percentage of the total cost will you need to cover your program? _____%

Do you want to participate in the Professional Development Workshops? Yes___ No___

(Please provide a workshop location, if different from address above): _____

Please provide a statement on your letterhead giving a brief description of your program, the families and communities whose needs you serve and any other useful information to enable us to implement your participation in our Share Literacy Program.

Once you have completed this form, please return it via: **Fax:** 650 948 9546 or **Email:** hoopoebooks@aol.com or **Mail:** Sally Mallam, Program Director, Hoopoe Books & Share Literacy, P. O. Box 176, Los Altos, CA 94023