



Connections Application for Book Discussion Series

Please complete and email this application to Terry Farish at tfarish@nhhumanities.org SIX weeks prior to the date of your first book discussion.

Host organization: _____

Teacher: _____

Teacher's preferred phone: _____ Email: _____

Address of program office: _____

Location of program, if different from office: _____

Facilitator: _____ Phone: _____

Number of expected participants including teachers: _____

Type of class (ESOL, ABE, GED, Community Services Organization, Prison FCC, other): _____

Reading level: _____

Series theme: _____

	Date	Day of Week	Time	Book Title, Author
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Your goals for this *Connections* series: What do you hope your class will gain from this experience?

County: _____

Congressional District: ___ District 1 ___ District 2 (please mark an X in the district box)

Region of NH: ___ Dartmouth/Lake Sunapee Region ___ Lakes Region ___ Monadnock Region
___ Great North Woods ___ Merrimack Valley ___ Seacoast ___ Upper Valley

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 NH Humanities' support must be formally acknowledged at the program and on ALL printed materials. I agree to complete all required evaluation and attendance forms within 2 weeks of the end of the program.

Signatures (electronic is fine): **(Follow instructions one time to create your digital signature.)**

Teacher or Program Coordinator signature: _____ Date: _____

Connections Coordinator: _____ Date: _____

HOW TO SUBMIT:

1. Click File/Save As to save the completed form in your preferred folder.
2. Attach the application and email to Terry Farish at tfarish@nhhumanities.org



(New Hampshire Humanities completes this section)

Facilitator Information:

Name: _____

Address: _____

Email: _____

Phone: _____

Best time to reach you: _____

Payment: You will be paid one installment after you have completed 2 sessions and the remainder plus mileage after you have completed the series and sent in your written evaluation.

Stipend: \$200 x number of sessions (2/4) = _____ + \$ 50.00 stipend for pre-visit = _____

Mileage: (RT from your address to the address of the program) x 4 = _____ x .55/mile = _____ Tolls: _____

Stipend and mileage total: _____

Signatures (electronic is fine): I agree to facilitate the number of programs detailed in this contract and to complete an evaluation within 2 weeks of the series completion. **(Follow instructions one time to create your digital signature.)**

Facilitator signature: _____ Date: _____

Connections Coordinator: _____ Date: _____

New Hampshire Humanities, Dolloff Building, 117 Pleasant St., Concord, NH 03301

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www.nhhumanities.org