

DR – Date Received
SP – State or Province

Do not write in this section	
DR	SP

Exemplary Reading Program Award

Application Form

Year _____

1. Location of the Exemplary Reading Program:

School Name _____

Principal's Name (type or print) _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Telephone (_____) _____ Principal's Signature _____

(This signature must be included in order for application to be complete.)

2. Name of School District _____

3. Name and Signature of Chief School Officer (e.g., Superintendent)

Name (type or print) _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Telephone (_____) _____ Signature _____

(This signature must be included in order for application to be complete.)

4. IRA Member in the School

Name _____ IRA Membership # _____ Exp. Date _____

(Current IRA Membership # must be included in order for application to be complete.)

5. Contact Person (the name of the individual to be contacted regarding this application):

Name _____ Position _____

6. Demographic Information

a. Is the school _____ Public _____ Private (please check one ✓)

b. Grade level(s) of students in the Exemplary Reading Program _____

c. Approximate ethnic background of students in the school

_____ % Asian American _____ % African American _____ % Caucasian

_____ % Hispanic _____ % Native American _____ % Other

Other (please describe) _____

d. Which of the following terms apply to the school (please check one ✓):

_____ Urban inner-city

_____ Urban (above 250,000 general population)

_____ Urban (10,000-250,000 general population)

_____ Small town (up to 10,000 general population)

_____ Suburban (adjacent to urban center)

_____ Rural

_____ Other _____

e. Socioeconomic status (aone):

_____ Low

_____ Low Md.

_____ Md.

_____ Md. High

_____ High

f. Approximate per-pupil expenditure in the district: \$ _____

in the school: \$ _____

\$ _____

g. Approximate allocated time for reading/language arts per week _____

h. Approximate class size _____

i. Instructional grouping pattern(s) _____

7. Name and Address of News Media Contact

Name _____

Street Address _____

City _____

State/Province _____

Postal Code _____

Name and Address of Additional News Media Contact:

Name _____

Street Address _____

City _____

State/Province _____

Postal Code _____

8. As part of the description, please attach a sheet listing the names and professional assignments of all those who were involved in completing this application.

Send your application form and program description **postmarked by November 15** to:

**Exemplary Reading Program Award
International Reading Association
800 Barksdale Road, PO Box 8139
Newark, DE 19714-8139, USA**