

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 (AC _____) _____ 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 (AC _____) _____ Principal's 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) _____

(continued on reverse side)

6. 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 (✓ one):

_____ 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 to

Kathy Moran
4154 Duane Drive
Salem, OR 97302

Questions?
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503-508-2341