

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

Ann Marineau
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Coos Bay, OR 97420

Questions?
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(W) 541-888-1218 or (H) 541-269-7973