

APPLICATION GUIDELINES

- Application must be submitted by the hosting school.
- Hosting school must contact poet to confirm reading fee rate, availability and to request permission to apply for funding.
- Poets in the Schools funding program is open to **Ontario elementary/secondary schools only**.
- Standard reading fees are: \$300/Full day visit (4 x 45 minute sessions), \$200/Half day visit (2 x 45 minute sessions).
- Reading Fees are shared equally by League and school. School's portion of fee must be paid to poet on day of visit.
- The League will cover reasonable expenses incurred during poet's visit. School must provide one meal per day.
- Limit of ten (10) full readings per school and per poet each fiscal year.
- Poets must be Full level League members and in good standing for minimum of two (2) consecutive years to be eligible.
- Membership Dues must be paid in full for current and previous fiscal year.
- Funding for cancelled readings is not transferable and will be redistributed by the League to pending applications.
- Applications must be received at least four (4) weeks before date of reading. Please allow 2 - 3 weeks for processing.
- Funding is distributed on first come first serve basis.
- Submit applications **either** by email, mail **or** fax. Do not submit duplicates.
- For more information on guidelines, expense reimbursement and special funding visit poets.ca/pits.

PLEASE PRINT CLEARLY.
Incomplete/illegible applications will not be considered for funding.

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|-----------------------------------|------------|--|
| 1 | POET NAME: | |
| READING DATE(S) (DD-MM-YYYY): | | NUMBER OF VISITS: FULL _____ HALF _____ |
| <i>FOR LEAGUE OFFICE USE ONLY</i> | | M. LVL <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> INVOICE # _____ |
| NOTES: | | |
| 2 | POET NAME: | |
| READING DATE(S) (DD-MM-YYYY): | | NUMBER OF VISITS: FULL _____ HALF _____ |
| <i>FOR LEAGUE OFFICE USE ONLY</i> | | M. LVL <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> INVOICE # _____ |
| NOTES: | | |
| 3 | POET NAME: | |
| READING DATE(S) (DD-MM-YYYY): | | NUMBER OF VISITS: FULL _____ HALF _____ |
| <i>FOR LEAGUE OFFICE USE ONLY</i> | | M. LVL <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> INVOICE # _____ |
| NOTES: | | |
| 4 | POET NAME: | |
| READING DATE(S) (DD-MM-YYYY): | | NUMBER OF VISITS: FULL _____ HALF _____ |
| <i>FOR LEAGUE OFFICE USE ONLY</i> | | M. LVL <input type="checkbox"/> DUES <input type="checkbox"/> OVR LMT <input type="checkbox"/> LMT OK <input type="checkbox"/> APPR <input type="checkbox"/> INVOICE # _____ |
| NOTES: | | |

| | |
|---------------------------|--------------|
| SCHOOL NAME: | |
| STREET ADDRESS: | CITY/TOWN: |
| PROVINCE: | POSTAL CODE: |
| WEBSITE: | PHONE: |
| PRIMARY CONTACT PERSON: | EMAIL: |
| SECONDARY CONTACT PERSON: | EMAIL: |

ADDITIONAL INFORMATION (Please provide info on the poet's planned visit, i.e. grades/classes that will be visited, theme/topic of visit, etc):

COMMUNICATION CONSENT

I consent to receive electronic communications from the League of Canadian Poets.

NOTE: You may withdraw your consent to receive electronic communications from the League of Canadian Poets at any time by emailing your request to admin@poets.ca or calling 416-504-1657.

I hereby confirm on behalf of the hosting school that the school's portion of reading fee(s) will be paid directly to the poet(s) on the day of their visit.

NAME: _____ SIGNATURE: _____ DATE: _____

FOR LEAGUE OFFICE USE ONLY

SCHOOL OVR LMT LMT OK

NOTES: