

**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](http://poets.ca/pits).

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

<b>1</b>	POET NAME:	
READING DATE(S) (DD-MM-YYYY):		NUMBER OF VISITS: <b>FULL</b> _____ <b>HALF</b> _____
<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:		
<b>2</b>	POET NAME:	
READING DATE(S) (DD-MM-YYYY):		NUMBER OF VISITS: <b>FULL</b> _____ <b>HALF</b> _____
<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:		
<b>3</b>	POET NAME:	
READING DATE(S) (DD-MM-YYYY):		NUMBER OF VISITS: <b>FULL</b> _____ <b>HALF</b> _____
<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:		
<b>4</b>	POET NAME:	
READING DATE(S) (DD-MM-YYYY):		NUMBER OF VISITS: <b>FULL</b> _____ <b>HALF</b> _____
<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](mailto: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: