

Teachers **A**s **R**eaders Book Group Application

Group Leader's Name: _____

US Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone #: _____

School: _____ District: _____

Choose one:

We are seeking funding only

We are seeking funding and WOU
Credit

Choose term for WOU credit:*

Fall: Sept. 1 - Dec. 3

Winter: Jan. 1 - March 11

Spring: March 1 - June 3

**If your group overlaps a term, choose the later term.*

Name of Portland Reading Council Member: _____

Total # of Participants: _____ (minimum # required = 3 participants)

Title and author of book we will read and discuss:

Meeting Dates: _____

Meeting Time: _____ to _____ Location: _____

**Reminder: Groups seeking WOU credit must meet for a minimum of 10 hours.
Groups not seeking credit must meet for a minimum of 5 hours.*

Midway through our study, I agree to send a 2-3 sentence overview to Penny Plavala sharing: how our group is going; and how we used the funds.

Midway through our study, I agree to send Penny Plavala a photo of 3-4 group members holding their books. I understand this photo may be posted on the Council website and Facebook page.

pennyplavala@gmail.com

Please List TAR Book Group Participants and Indicate if They Are Seeking Credit

| Name | Email | WOU Credit |
|------|-------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |
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| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

(attach additional page if needed)

Please email this application to: pennyplavala@gmail.com

Questions? Contact Pennyplavala@gmail.com