



SitStayRead **APPLICATION FOR COMMUNITY LITERACY PROGRAM**

The application process for a SitStayRead program is a **three step process**: the written application, the on-site assessment/interview, and the executed Program Agreement, which outlines the responsibilities of the director, the program coordinator, and volunteers.

Center Name		Center Phone Number	
Center Address		City	Zip
Your Name		Your Position	
Your cell phone number	Your Email Address		
Best way and time to reach you		How did you hear about SitStayRead?	

I. Center/Organization Information: Please tell us about your organization and its client members by answering the questions below:

- Please tell us about the children at your center:

	Number of these children at your center	Likely Number interested in a SSR Program
1st Graders		N/A
2nd Graders		
3rd Graders		

- Please estimate the percentage of students reading at their grade level.
- What reading programs, if any, do you offer?
- What are the drop-off and pick-up times for the children in your program?

II. Center Population:

Please answer the following questions as it pertains to first through third graders in your center:

1. Approximately, what percentage of children are native English speakers? _____
2. Approximately, what percentage of children are from low-income families? _____
3. What% of parents are active participants in member programs or activities? _____

III. Staff and Other Professionals:

1. Please describe your community organization in terms of the staff and its responsibilities:
2. Are there any teachers or reading specialists? ____Yes ____No
3. If so, how many, and how are they integrated into the program?
4. Is it likely that some parents will be available to participate on a regular or ad hoc basis in the **SSR** program? ____Yes ____No

IV. Community Description:

1. In what neighborhood is the community center located?
2. What elementary schools do children in your center attend?
3. Please describe the community in which your center is located.
4. Do you have working relationships with other local community organizations? (YMCA's, Boys & Girls Clubs, libraries, churches, etc.) ____Yes ____No
If yes, please list and describe each partnership.

V. Program Evaluation and Length:

SSR programs are one hour per week at the same day and time. Programs can be a one-time demonstration session or may extend to four or six weeks.

- 1. Would you prefer a: demo OR multi-week program?
- 2. What start time do you prefer for the 1-hour program?_____

VI. Tell Us About Yourself:

- 1. Why are you applying for an **SSR** program? How do you feel your center can benefit from a **SSR** program?
- 2. How will you incorporate the **SSR** program into your programming?
- 3. Are you willing to incorporate public library programs and other activities into your center to support the **SSR** program? ____Yes ____No

By submitting this application, we acknowledge that we have reviewed the information set forth and believe that it is accurate to the best of our knowledge.

Name of Director (please print)

Name of Program Manager (please print)

Signature of Director

Signature of Program Manager

SitStayRead will respond to your application as soon as possible, usually within ten days. Thank you for your interest.

Please return the completed form to SitStayRead.

Via Mail:
SitStayRead
3425 N. Milwaukee Ave
Chicago, IL 60641

Via Fax:
773.545.6671

Questions?
Call 773.545.6629