

American National Classroom Lending Library Grant

Teacher's Name _____ Email _____

Grade Level _____ Name of school: _____

Principal's Name _____

Principal's signature: _____

Teacher's signature: _____

Please describe the check-out system for your classroom library:

How will students be encouraged to borrow books from your classroom library?

Number of students to be served: _____

Total amount of money requested (not greater than \$100): _____

Itemization of amount: _____

Please attach purchase order(s)