

Indigenous Literacy Enhancement Project

BOOK VENDING MACHINE APPLICATION

Application Information

School/Centre:										
Contact Name:		_		Date:	_					
	F	First Name	Last Name							
Address:				Phone:						
		Street Add								
		_		Email:	_					
		City/Town/Community	Province Postal Code							
Date Available:										
Desired date for machine to be delivered (i.e. Winter 2024 / Fall 2024 / Winter 2025)										
Type of Organization	n:	School □	Friendship/cultural centre \square	Other (specify):						
Primary Demographic(s) Serv Anishinaabe, Haudenosaur Metis, Inuit, etc.):				Language(s) Spoken:						
Grade Level/Age Served:		Preschool (0-3) □	Grade K-5 (age 4-10) □	Grade 6-8 (age	11-13) 🗆					
Total # of Children Served MONTHLY (grades K-8):			Do these children attend your program(s) regularly or do you have a "drop-in" approach?		Regular Attendance 🗆					
Rationale										
Why is this project r	needed in	your school/centre?								
Why is your school/centre the best place for a book vending machine?										

Explain your commitment to literacy am	nong your studen	ts/community:			
Requirements					
The following are necessary requirement	ts of a partnersh	ip between Start2Fir	nish and your scho	ol/centre:	
We have sufficient space for a book ver	nding machine ir	our school/centre:		Yes □	No □
We will care for the machine and ensur	e it is kept safe f	from vandalism, thef	t, etc.:	Yes □	No □
We agree to designate a project leader in regular communication with Start2Fi status/requests and project updates:			Yes □	No □	
We will incorporate and/or adapt one o developed literacy programs/resources			Yes □	No □	
*Start2Finish's programs combine literal physical, mental, social-emotional and a Indigenous schools and cultural centres according to community needs and ways program(s) that will facilitate the desired	cademic well-be . We work in col s of doing and be	ing of children. All of laboration with comn eing. A commitment	f our programming nunities to tailor th	is offered fre ne curriculum	ee of charge to and resources
These programs/services include:					
 Brainworx! Learning Enhancer Brainworx! Lunch Club - In-sci Connected North sessions - Connected North sessions - Con	hool version that One-time online s arning resources person after-sch	can be facilitated or essions that can be that can be incorpo	nce/week during the selected and sche rated into existing	ne school lund duled during classroom cu	ch hour classroom hours ırriculum
Signature					
I certify that the information I provided in authorized to complete this application of machine, I agree to the above Requirem	on behalf of my s	school or centre. If m	ny school/centre is		
Full Name:			Date:		
On Behalf of (School/Centre Name):			Signature:		
START2FINISH USE ONLY:					
Date Application Received:	Authorized Person:				
Application Decision:	Approved □	Declined □	Delivery Date:		