

Application Form

How to apply

1. Print out, complete and send the application form, by mail or courier, to:

Library and Archives Canada
 TD Summer Reading Club Library Awards
 395 Wellington Street, Room 472
 Ottawa, ON K1A 0N4

2. Write a program description based on all of the evaluation criteria for application.

3. Include supporting documentation to substantiate your application.

About the public library branch

The applicant must be a local public library with a unique service point or a public library branch that is registered with the TD Summer Reading Club. Applicants cannot submit a form in the name of an entire library system with numerous service points.

Name of library branch _____

Street or postal address _____

City/town _____ Province/territory _____ Postal code _____

Population served by the library branch _____

Approximate number of children (ages 6–12 years) in the library service area _____
(write n/a if statistics are not accessible)

Major sources of funding for the local branch, and percentage of support provided by each source
(e.g., local funding 80%; provincial support 20%):

	%
	%
	%
	%



Library and Archives
Canada

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Canada



Canada

Type of community where public library branch is located (check one):

- Metropolitan centre (population of 100,000 or more)
- Large urban centre (population of 50,000 to 99,999)
- Urban centre (population of 5,000 to 50,000)
- Small town/village/hamlet (population of 500 to 5,000)
- Rural settlement or community (population under 500)
- Indian reserve
- Northern community

About the branch's TD Summer Reading Club Program

Dates - TD Summer Reading Club Program was held from _____ to _____

Number of weeks _____

Total number of TD Summer Reading Club programs, events or activities held _____

Number of events held each week or month (*please specify*) _____

Total number of children who participated in these programs, events or activities _____

Average number of participants per program, event or activity _____

Total number of children who registered for the TD Summer Reading Club _____



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Please list community partners that supported your program and describe the role of each partner:

Contact information

Name and position of the library employee to be contacted with questions/comments about this application for the TD Summer Reading Club Library Awards:

Address _____

Phone (_____) _____ E-mail _____

Name of library branch manager: _____

Signature of library branch manager _____

Phone (_____) _____ E-mail _____

Date _____

