

# FACE Application



Date: \_\_\_\_\_

- I certify that our organization\* is purchasing books from Scholastic with the sole purpose of distributing them to children for their use in their homes for FREE.

*\*schools, districts, libraries and organizations are eligible*

Thank you for your interest in Scholastic Family and Community Engagement (FACE). As a Scholastic FACE partner, you are joining a community whose first priority is to improve and foster literacy of ALL children-- in and outside of the classroom.

## Program Information

Program Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

District/School/Library/Organization name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website URL \_\_\_\_\_

How did you hear about **FACE**?

Internet     Conference

Magazine     Mailing

Scholastic Rep (name): \_\_\_\_\_

Program Interest:

- Early Literacy                       Community Involvement  
 After School                          FACE updates on events,  
 Family Involvement                webinars, promotions, etc  
 Mentoring

## Bill to: (if different from program information)

Program Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

District/School/Library/Organization name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website URL \_\_\_\_\_

**Signature of Responsible party: (required)**

What is the total estimated number of books your program purchases to distribute to children for home ownership?

- 1-100     100-300     300-500     500+

How many children does your program serve?

\_\_\_\_\_

What are the grades/ages of the children?

- Birth-4     K-3 (Ages 5-8)     4-6 (Ages 9-11)  
 7-9 (Ages 12-14)     10-12 (Ages 15-18)

**Upon qualification of the enclosed information, you will be issued a FACE Authorization number. At that time a Scholastic Account representative will contact you with your account numbers and to provide you with customized literacy support.**

**If you have any questions regarding this application please call 1-800-387-1437  
Please fax your completed application to: 1-888-598-0415 attn: FACE Apps**