2020 ALSC Bookapalooza Program

This application form cannot be saved during the process. Please do not fill out and submit the form until you have all the necessary information. All nomination forms are due by February 1, 2020.

Please refer to the ALSC Bookapalooza Program Web page (http://www.ala.org/alsc/bookapalooza-program) for more information about the application. If you would like to review the application before submitting electronically, you can use the PDF document located on the Web page.

If you have problems submitting this electronic form, please contact Ariana Hussain, ALSC Grants Administration Chair, at ariana.sani@gmail.com.

Fields marked with a red asterisks are required. Screen readers will say the word "star."

CONTACT PERSON

Name *

Title *

Organization *

Address *
Street Address
Address Line 2
City State / Province / Region
Postal / Zip Code Country / Region

Phone *

Fax Number

Email *

Applicant must be a personal member of ALSC and ALA or apply for membership when submitting the application.

Personal ALA Member # *
I have applied for membership to ALSC/ALA. I have sent my membership application and dues payment to ALA.

LIBRARY INFORMATION

Name of Organization *

Director/Administrator Name *
First
Last

Address *
Street Address
Address Line 2
City
Postal / Zip Code
Country / Region

Phone *
### - ### - ####

Fax Number *
### - ### - ####

TYPE OF FACILITY

Checkbox *
- Public Library (single)
- Private School Library
- Library System
- Institutional Library
- Branch Library
- Public School Library

Other (not listed):

APPLICATION INSTRUCTIONS

Describe the community that the library serves, using quantitative data if available. *
Describe your library. Please include your overall current services, collections, and materials budget for the library overall and specifically for your youth services department. Please use quantitative data if available. *

Describe how the collection will be used/distributed and how acquiring the collection will help you better serve the youth of your community in creative and innovative ways. *

Describe how your library supports equity of access and how you support your youth patrons in access to materials. *

STATEMENT OF COMMITMENT FORM

The Statement of Commitment form must be signed by the person completing the application and the director of the public library, the superintendent of schools, the building-level administrator, or the director of the institution.

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I understand the terms and criteria for this application.  Yes ☐ No ☐
SUBMISSION

Once you click the submit button your application will be sent to the selection committee. You will receive confirmation that your proposal has been received. If the form will not submit, please scroll up to see required fields marked with a red asterisk that have been left blank. All required fields must be filled out.

If you have any questions, please contact Ariana Hussain, ALSC Grants Administration Chair, at ariana.sani@gmail.com. All applications must be submitted by February 1, 2020.