**Complete and email or mail the application below by February 14 2014 to:**

**The Coordinator, RISE Network**

**68 Circular Road, Freetown**

**OR**

**91 Main Motor Road, Wilberforce, Freetown**

**Email:** [**reading.initiative.salone@gmail.com**](mailto:reading.initiative.salone@gmail.com)

**OR**

[**info@thelearningfoundation-sl.org**](mailto:info@thelearningfoundation-sl.org)

**Tel: 033-874-198**

**RISE Network/African Library Project**

**2014 APPLICATION FOR BOOK DONATION FOR LIBRARY**

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| --- |
| **1. LOCATION OF LIBRARY:** e.g. St. Agnes High School |
|  |
| **2. TYPE OF LIBRARY:** e.g. primary, secondary, community |
|  |
| **3. NAME OF LIBRARY:** e.g. St. Agnes High School Community Library |
|  |
| **4. PHYSICAL ADDRESS:** e.g. 12 Teko Road, Makeni City, Sierra Leone |
|  |
| **5. FULL POSTAL ADDRESS:** e.g. P.O. Box 999, Sierra Leone |
|  |
| **6. CONTACT PERSON RESPONSIBLE FOR LIBRARY:** |
| **(a) NAME:**  **(b) POSITION:**  **(c) ADDRESS:**  **(c) E-MAIL ADDRESS:**  **(d) RELIABLE PHONE:** |
| **7. ADDITIONAL CONTACT PERSON RESPONSIBLE FOR THE LIBRARY:** |
| 1. **NAME:** 2. **POSITION:** 3. **ADDRESS:** 4. **E-MAIL ADDRESS:** 5. **RELIABLE PHONE:** |
| **8. HOW MANY READERS/STUDENTS DO YOU EXPECT TO SERVE?** |
|  |
| **9. DO YOU ALREADY HAVE A LIBRARY? IF SO, HOW MANY BOOKS DO YOU HAVE?** |
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| **10. WHOM WILL THE LIBRARY SERVE?** |
|  |
| **11. WHERE IN THE SCHOOL OR COMMUNITY WILL THE LIBRARY BE LOCATED? WILL IT BE IN A SEPARATE ROOM OR BUILDING OR WILL YOU HAVE A SMALL LIBRARY IN EACH CLASSROOM? DESCRIBE THE ROOM. PROVIDE DIGITAL PICTURES, IF POSSIBLE.** |
|  |
| **12. DESCRIPTION OF USER COMMUNITY:**  You are writing for an American audience who may know little about life in your country. Please describe how most people/students spend their day, what is your school like, what does it look like where you live? Your book drive organizer in America will use this description to help educate donors about life in Sierra Leon. |
|  |
| **13. WHO IN THE COMMUNITY HAS COMMITTED TO SUPPORT THE LIBRARY?** |
|  |
| **14. AFTER REVIEWING THE LIBRARY ACTION PLAN, WHAT ROLE WILL THE ABOVE PLAY IN RUNNING THE LIBRARY? (Be specific)** |
|  |
| **15. SUPPORTING MATERIALS: (Personal stories, digital pictures, etc.)** |
|  |
| **16. INCLUDE THREE “LETTERS OF COMMITMENT” FROM COMMUNITY LEADERS** |
| **(These letters should be from male and female leaders who will serve on the library committee and specify what they will personally do to make the library successful. Ex. I will secure the furniture for the library, raise the funds, offer programs for the community, organize the books, etc.)** |
|  |
| **ALL MEMBERS OF THE LIBRARY COMMITTEE SHOULD READ THE LIBRARY ACTION PLAN, THE APPLICATION AND SIGN BELOW.**  **I have read the LIBRARY ACTION PLAN and understand what is involved in creating our library. I commit to the success of the library.** |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6.** |