26 SCREENPLAYS EDUCATIONAL BOOK OFFER APPLICATION

APPLICANT INFORMATION		
Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐	Name:	Job Title
Email:		Phone Number:
Current address:		
City:	State:	ZIP Code:

EDUCATIONAL INSTITUTION INFORMATION		
Name of educational institution:		
Name of class this book will be used in:		Approx number of students:
Semester		
☐ Spring	☐ Summer	☐ Fall
Educational Level		
☐ College	☐ High School	☐ Jr. Hi./Middle School

EDUCATIONAL USE OF THE BOOK		
Do you want to have your work featured on the 26 Screenplays website after the class is finished?		
☐ Yes	☐ No	☐ Not sure
Briefly describe your plans for using the book in the classroom:		