



APPLICATION
LitTOGETHER Teacher Leader Study Groups

Name _____

Phone _____

Email _____

District _____

School _____

Position _____

Please circle the study group(s) you would like to join.

A	B	C	D
E	F	G	

_____ Please check if you will attend LitTogether Teacher Leader Kickoff Day on
Thursday, January 7th.

STATEMENT OF ENDORSEMENT

The above named teacher shows leadership qualities, and is a strong teacher of literacy in our school. I endorse his or her participation in the LitTogether Teacher Leader Project.

Principal

Date

STATEMENT OF COMMITMENT

I realize that the LitTogether Teacher Leader Project is facilitated by volunteers, and that I will commit to attending all the sessions. I also commit to taking what I learn and sharing the knowledge with the colleagues in my school.

Teacher

Date

Please email applications to Tom Marshall at dearmrmarshall@gmail.com or fax them to (201) 445-8971. Applications are due by Tuesday, December 1st.