



**APPLICATION
TO BECOME A LITERACY BUDDY**

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

By filling out this application, I agree to receive a maximum of three letters from a child in an early learning facility served by the Early Learning Coalition. I should receive my first letter from this child within a few weeks; the second letter within a month after that, and so on. I will respond to those letters within a ten day time frame and write a letter to the child accompanied by a high quality book of the child's choosing. In the letter that I receive, the child will either indicate a specific book or a type of book that he or she would like to receive. *NOTE: Correspondence will include the child's first name only and be addressed through the classroom teacher.*

SIGNED: _____

DATE: _____

Return to: Early Learning Coalition *Literacy Buddy Project*
The Early Learning Coalition of Southwest Florida
5256 Summerlin Commons Boulevard, Suite 201
Fort Myers, Florida 33907

OR FAX TO: 239 – 267 – 4109

OR email information to:
Jill.Corbett@elcofswfl.org

