

# Student Publishing Program



## Application for Funding

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SCHOOL NAME AND ADDRESS:

CONTACT NAME AND INFORMATION:

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APPROXIMATE STUDENT POPULATION:

GRADE LEVELS (EX. 6-8, 9-12, ETC.):

YOUR ROLE AT THE SCHOOL:

WILL YOUR STUDENTS HAVE ACCESS TO SCHOOL COMPUTERS AND  
DESKTOP PUBLISHING SOFTWARE?

IS THERE A SCHOOL WITH WHICH YOU CAN PARTNER ON THIS PROJECT?  
IF SO, PLEASE LIST THEIR NAME AND ADDRESS. (NOTE: MIDDLE SCHOOLS  
SHOULD SEEK TO PARTNER WITH HIGH SCHOOLS, AND VICE VERSA.)

HOW DID YOU HEAR ABOUT THE STUDENT PUBLISHING PROGRAM?

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*Believe it or not, that's all you need to get started. Just fill out this form and email it back to us at [info@bigbrainclub.com](mailto:info@bigbrainclub.com), and we'll contact you shortly. Thanks for your interest in The Big Brain Club's Student Publishing Program!*