



# LOCAL PROGRAM PROPOSAL

## ■ REQUESTING PARTY INFORMATION

Name of PA: \_\_\_\_\_

AAPA Member ID#: \_\_\_\_\_

State or specialty organization or society: \_\_\_\_\_

Shipping Address:

NAME

STREET ADDRESS APT/SUITE

CITY STATE ZIP

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## ■ LOCAL PROGRAM INFORMATION

Date(s) of literacy program: \_\_\_\_\_

Where the literacy program will occur:

NAME

STREET ADDRESS APT/SUITE

CITY STATE ZIP

How books will be used: \_\_\_\_\_

Number of students involved: \_\_\_\_\_ Approximate ages of students: \_\_\_\_\_

Health literacy issues to be addressed: \_\_\_\_\_

Program description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax this proposal to Melia Dayeh at (703) 684-1924 or email it to [mdayeh@aapa.org](mailto:mdayeh@aapa.org).**

For more information contact Melia Dayeh, AAPA Communications Manager,  
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