



**Florida Power-Library Schools Program  
Statement of Intent**

First Application \_\_\_\_\_

Re-application \_\_\_\_\_  
(Include FASM invitational letter)

Library Media Specialist's Name: \_\_\_\_\_

Library Media Specialist's School Email: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's Email: \_\_\_\_\_

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Grade levels at the school \_\_\_\_\_ Total number of faculty members \_\_\_\_\_

*(Note: If the number of faculty members changes prior to survey due date, YOU MUST notify the FASM president prior to the survey completion date!)*

Library Media Supervisor: \_\_\_\_\_

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With this Statement of Intent, we agree to submit an application for the Florida Power-Library Schools program, adhering to the posted deadlines. We also agree to welcome a visitation to the school from the program evaluators on a mutually agreed date.

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Signature of library media specialist

Date

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Signature of principal

Date

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Signature of library media supervisor

Date

**Complete this form, attach a copy of your current Florida teaching certificate, a signed copy of the permissions statement, work history information, and submit to the FASM president by the designated date.**