



American Comparative Literature Association

FIRST BOOK SUBVENTION APPLICATION FORM

BOOK TITLE:	
AUTHOR (including affiliation):	
NUMBER OF YEARS THAT THE AUTHOR HAS BEEN AN ACLA MEMBER:	
AUTHOR'S ACLA MEMBERSHIP EXPIRATION DATE:	

DO YOU CURRENTLY HAVE SUBVENTION SUPPORT? IF SO, PLEASE EXPLAIN.

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PLEASE LIST ANY OTHER SUBVENTION AWARDS TO WHICH YOU PLAN TO APPLY.

<ul style="list-style-type: none">•••

DO YOU HAVE A PROVISIONAL BOOK CONTRACT?

YES

NO

(If YES, fill below. If NO, skip to NO on page 2.)

IF YES:

NAME AND MAILING ADDRESS OF PRESS/PUBLISHER:

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NAME AND E-MAIL OF PRESS/PUBLISHER REPRESENTATIVE:

AUTHOR/PRESS CONTRACT DATE:

EXPECTED PUBLICATION DATE:

EXPECTED PAGE COUNT:

IF NO:

PLEASE PROVIDE A COMPLETE LIST OF ALL PRESSES WHERE THE PROPOSAL MAY BE SENT. INDICATE THE STATUS OF ANY COMMUNICATION WITH PRESSES.

PRESS NAME

STATUS

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HOW WOULD THE ACLA FIRST BOOK SUBVENTION FUNDS BENEFIT THE ACLA, THE AUTHOR, AND THE PRESS WHERE THE BOOK WILL BE PUBLISHED?