

**CHURCH PERIODICAL CLUB  
MILES OF PENNIES**

GRANT APPLICATION

1. Recipient for which funding is requested (i.e. school, library, camp, youth center)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

2. Purpose and function of recipient in Number 1 (Attach background information.)

3. Amount requested: \_\_\_\_\_

A **SIGNED** and **DATED** list of printed or electronic books **MUST** be attached with title, author, publisher, number of copies, cost and amount of each item, total amount, and where materials can be obtained. **DO NOT** include tax or postage.

4. If this application is approved, make check payable to the **ORGANIZATION**:

Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

5. Has the recipient in Number 1 previously received funding from Miles of Pennies?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, give date and amount \_\_\_\_\_

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6. Endorsement of CPC representative:

Title of representative: (circle one)    Parish    Diocese    Province    National

CPC Representative Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Located in Diocese of \_\_\_\_\_

\_\_\_\_\_  
(Signature of CPC Representative)

\_\_\_\_\_  
(Date)

**RETURN TO: Church Periodical Club, PO Box 1206, Manorville, NY 11949  
631-447-3996    FAX: TBD    E-mail: [mrs.fargosclub@gmail.com](mailto:mrs.fargosclub@gmail.com)**