

**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 _____

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
ATTN: Miles of Pennies Application
320 S 3rd Ave., #903
Sioux Falls, SD 57104
Phone: (605) 359-2880
Email : cpcpresident1888@gmail.com**