

**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 taped 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.

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

Name _____
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

PRINT Name of Representative _____
Address _____
City, State, Zip _____
Telephone _____ e-mail _____

Located in Diocese of _____

(Signature of Representative)

(Date)

RETURN TO: Church Periodical Club, 815 Second Avenue, New York, NY 10017
800-334-7626 ext 6130 FAX: 212-867-0395 E-mail: cpc@episcopalchurch.org