SAINT MARY'S PRESS® BIBLE GRANT PROGRAM

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saint mary's press
touching hearts. enlivening minds.

APPLICATION FORM

Saint Mary's Press Bible Grant Program is made available by Saint Mary's Press based on a percentage of annual sales. The purpose of the program is to provide Bibles to inner-city and rural poor schools or youth-serving ministries, to youth in detention centers throughout the United States. (Sorry, we cannot ship outside the United States.)

Priority will be given to requests that best meet the following criteria:

1. Copies of the Bibles will be given directly to youth (under 18 years of age) for their personal use.
2. Requests are from schools, institutions, or ministries serving Catholic youth in detention or in the highest poverty rate areas of the United States. For the purpose of this program we will use the most current HHS Poverty Guidelines and State Poverty Rate standards of the U.S. Department of Health and Human Services (see http://aspe.hhs.gov/poverty).
3. The youth (under 18 years of age) receiving or benefiting from Saint Mary's Press Bible Grant Program are from households at or below the average poverty measure.
   OR
4. Those receiving or benefiting from Saint Mary's Press Bible Grant Program are youth (under 18 years of age) incarcerated in U.S. detention centers.

Name of Catholic high school, institution, or ministry: _____
Name of contact person: _____
E-mail address (if available): _____
Mailing address (no P.O. boxes, please): _____
City: _____ **State:** _____ **ZIP:** _____
Daytime telephone number: _____

For schools and youth-serving ministries:
Number of teens in the ministry (for assessment of future funding requests): _____

Number of Bibles requested (maximum of 24 total copies requested per year)
The Catholic Children's Bible, Revised Edition, paper (item# 4151) ☐

Please attach a one-page description of how you intend to distribute to and use the Bibles with those in your community. Please include some form of evidence that those receiving the Bibles are from economically- poor households.

Name of submitting representative: _____ **Date:** _____

Office use: Return completed applications to Jackie Revilla (jrevilla@smp.org).