

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 and from a grant of the Lasallian Education Fund of the Christian Brothers of the Midwest Province. The purpose of the program is to provide copies to inner-city and rural poor high schools or youth-serving ministries and to youth in detention centers throughout 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 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 country. 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 receiving or benefiting from Saint Mary's Press® Bible Grant Program are from households at or below the average poverty measure.
4. The youth receiving or benefiting from Saint Mary's Press® Bible Grant Program are incarcerated teens in 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: _____

Number of teens in the ministry (for assessment of future funding requests): _____

Number of copies of Bibles requested (maximum of 48 total copies per request):

Saint Mary's Press® Personal Journey Bible: _____

The Catholic Family Connections Bible: _____

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

Signature/name of submitting representative: _____ Date: _____

Office Use: Return completed applications to CONNIE JENSEN (cjensen@smp.org).