



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## APPLICATION FOR CHILDREN'S BOOKS

Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Type of Agency (Check one): ☐ Childcare Center ☐ Health Care Center ☐ Women's Center

Other (Specify): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email/Website: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Number of children served in each age group:

0-2yrs \_\_\_\_\_ 3-5yrs \_\_\_\_\_ 6-8yrs \_\_\_\_\_ 8-11 years \_\_\_\_\_

Percentage of families served who qualify for the following programs:

*(Complete all that are applicable)* If you do not accept payment from these programs, please attach a statement of income/financial need for the families whom will be receiving the books you are requesting.

Department of Social Services Child Care Assistance: \_\_\_\_\_

Medicaid: \_\_\_\_\_ Free/Reduced Lunch Program: \_\_\_\_\_

**How does the agency intend to use the books:**

Please return this form via postal mail to:  
Ricqui Brooks  
YMCA Community Literacy, BBB  
600 Loughborough Ave.  
St. Louis, MO 63111

or via Fax:  
Attn: Ricqui  
C/O BBB  
314.678.0165

or via Email:  
ricqui.brooks@ymcastlouis.org

We will contact approved agencies to schedule a book pick up from the YMCA Community Literacy Office

**YMCA COMMUNITY LITERACY**

St. LOUIS MO 63111

P 314 776 7102 F 314 6780165 [www.ymcastlouis.org](http://www.ymcastlouis.org)