



California Council of Parent Participation Nursery Schools, Inc.

CCPPNS GRANT AND LOAN APPLICATION

Name of Organization	Type Request _____ Grant _____ Loan	
Location	Amount Required	Date Needed
Mailing Address	Telephone Number	
Purpose for Request		
Director's Name	Director's Signature	

DO NOT WRITE BELOW THIS LINE

Regional Council President / Advisor Recommendation		
Regional Council President / Advisor Signature	Date Approved	Amount Approved
	Date Processed	Check Number