

**Coretta Scott King Book Donation
Application Cover Sheet**

1. Name of Institution: _____

2. Address: _____

3. Type of Institution: _____

Contact Information

4. Name of Contact: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email address _____

Signature of Contact Person: _____

Statement of Commitment

I understand the criteria for the CSK Book Donation and verify the accuracy of all information provided. I certify that any materials received will be used to improve service to children and youth and to promote positive self-image of African American children and youth and/or broaden the worldview of children and youth.

I also understand that the recipient of the CSK Book Donation is responsible for all shipping and handling charges and agrees to accept all donated materials. I have identified a means to ship the entire collection to our premises. Materials must be claimed within one month of notification of the donation or they will be donated to the second choice of the award committee.

Signed: _____

Library Director or Agency Administrator

Date

Name of Library Director or Agency Administrator: _____