

APPLICATION for ASSISTANCE
From the CHILDREN'S MUSIC FOUNDATION, INC.
(To be completed by a music teacher)

Date _____

Student Data:

Name School

Age _____ Grade _____ Date of Birth _____ / _____ / _____
Mo. Day year

Address _____
No. and Street

City, State Zip (Area Code) Phone Number

Instrument (Recommended) _____

Has the student played this instrument before? Yes___ No___ If yes, for how long? _____

Please indicate your scholarship teacher preference for this student. _____

Name of Parent(s) _____

Parent's Address and Phone if different from student's

No. and Street

City, State, Zip (Area Code), Phone Number

Name of recommending teacher _____

Current teaching assignment and building _____

Teacher can be contacted at (phone and/or email address) _____

A dated statement of the recommendation of the current school music teacher should be placed on the back of this form or on an attached page. **Please type or use ink.** Unreadable statements will not be considered.

When writing your recommendation please indicate your reasons for considering this student to be a **musically talented and/or gifted individual in addition to being a student in need of financial assistance.** The bylaws of the CMF state that the Foundation is organized to provide music scholarships for private lessons to "musically talented and/or gifted" students who are in "financial need". The Board considers the recommendations of music teachers to determine whether the applicant qualifies as musically talented and/or gifted. The Board uses free or reduced school lunch program guidelines to determine financial need.

Send completed form to: Janice Spitalniak
3903 Prange Drive
Lafayette, IN 47905

Or to spitalniakjl@gmail.com