

# APPLICATION for ASSISTANCE

2025-26

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\_\_\_\_\_

City, State, Zip\_\_\_\_\_

(Area code) Phone No.

Instrument (recommended)\_\_\_\_\_

Has student played this instrument before? Yes\_\_\_\_ No\_\_\_\_ If yes, how long?\_\_\_\_\_

**Please indicate your scholarship teacher preference for this student.**\_\_\_\_\_

**Name of Parent(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 statement 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

**Due no later than**

3903 Prange Drive

**September 12, 2025**

Lafayette, IN 47905