



The Music Foundation  
of Southwest Florida

# APPLICATION FOR FUNDS

Name of person (adult) or organization requesting funds \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

- Student's name \_\_\_\_\_ Age \_\_\_\_\_
- School attending \_\_\_\_\_ Grade \_\_\_\_\_
- What instrument does the student play? \_\_\_\_\_ For how long? \_\_\_\_\_
- Is the student involved in the school music program?  yes  no ~ If yes, what? \_\_\_\_\_
- In any other music program?  yes  no ~ If yes, what? \_\_\_\_\_
- Has the student ever taken private lessons?  yes  no ~ If yes, with whom? \_\_\_\_\_

Amount of funds that you are requesting: \_\_\_\_\_

Purpose for which funds are to be used: \_\_\_\_\_

Why is financial help needed? \_\_\_\_\_

What percentage of the total cost is being requested of The Foundation? \_\_\_\_\_

Where will the balance of the funds come from? \_\_\_\_\_

**Personal information:**

Number of people in household \_\_\_\_\_ Number of wage earners in the family \_\_\_\_\_

Annual family income \_\_\_\_\_ Annual rent/mortgage payment \_\_\_\_\_

Place of employment (1) \_\_\_\_\_ How long? \_\_\_\_\_ Phone \_\_\_\_\_

Place of employment (2) \_\_\_\_\_ How long? \_\_\_\_\_ Phone \_\_\_\_\_

Is the student in the school free/reduced lunch program?  yes  no

Other information you feel would help us to decide on your request \_\_\_\_\_

Name of individual completing this form \_\_\_\_\_

*I certify that all information supplied is accurate.*

Signature \_\_\_\_\_

FL driver license number \_\_\_\_\_ Date \_\_\_\_\_

Please submit a letter of recommendation from you school instrumental music teacher. Mail this form and the letter of recommendation to:

The Music Foundation of Southwest Florida  
13300-56 S. Cleveland Ave. PMB 214  
Fort Myers, FL 33907

Call 275-0057 if you have any questions. If additional space is needed, feel free to use the back side of this form or to attach an additional sheet of paper.