

The Friends of Music  
***The Friends of Music Gift to Schools***  
(This form must be completed in its entirety)

Date of Application: \_\_\_\_\_

Name of Institution/Program: \_\_\_\_\_

Community School/Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Goals (Please identify at least 3):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Describe how students will directly benefit from the funds of this grant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Amount Requesting: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Please present an allocation of the specific purposes for the funds you are requesting.

Amount	Product/Recipient	Reasoning

Please describe any other information that may assist us in understanding your grant proposal.

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Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_