

The Friends of Music
Proposal for Music Education Grant
All information must be clearly and fully completed.

Date of application: _____

Name of School/ Program: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Contact Email: _____ Phone: _____

Project Name: _____

Purpose: _____

Amount requested: _____ Total Project Cost: _____

Project Goals: _____

Describe who will benefit: _____

Other source of funding being used for this project: _____

Applicant: _____

Signature

Printed name/title

School Administrator: _____

Signature

Printed name/title