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Request for Music Booster Funding (FTM funds)

Date: _____

Name: _____

Address: _____

Phone # _____ Email _____

Amount Requested _____

Proposed use of funds _____

If for music lessons, name of teacher and per lesson rate _____

Parent/Guardian name(s) _____

Signature _____

Remainder of form to be filled in and initialed by instructor and Music Booster president.

How was eligibility determined?

Have funds been awarded in the past? YES NO

If so, for what purpose?

Other notes/comments:

Date check was submitted: