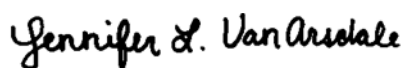


Dear Applicant,

Students are chosen to receive instruments based on extent of financial need. *Perform 4 Purpose* is committed to offering music education and performance opportunities to all students on an equal basis regardless of race, color, creed, national origin, religion, gender, sexual orientation, or disability. The following is the application required for a student to be considered to receive an instrument. Please complete the following application to the fullest extent. Your application will be viewed by the *Perform 4 Purpose* Workshops Committee at the next meeting following the submission of your application. A decision will be made, and you will be notified following the meeting. If your case is time sensitive and requires immediate action, please contact the Programs Director, Jennifer Van Arsdale (contact information provided below), to arrange an expedited application process. We thank you for your support of *Perform 4 Purpose*, and we look forward to working with you. If you have any further questions or concerns, please feel free to contact programs@perform4purpose.org

Sincerely,



Jennifer L. Van Arsdale

Programs Director

Perform 4 Purpose, Inc.

Phone: (315) 289-8814

E-mail: programs@perform4purpose.org

Website: www.perform4purpose.org

Revised 7/15/13

PERFORM 4 PURPOSE
Application for Student Instruments

STUDENT'S CONTACT INFORMATION:

Name of Student: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

School: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

PARENT/GUARDIAN'S CONTACT INFORMATION:

Name of Parent/Guardian: _____

(If different from student)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

RECOMMENDER'S CONTACT INFORMATION:

Name of Recommender: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship to Student: _____

Phone Number: _____

**Confidentiality Notice: All information provided in this application is confidential, and will only be viewed by persons necessary to determine grant eligibility.*

Revised 7/15/13

PERFORM 4 PURPOSE
Application for Student Instruments

INSTRUMENT INFORMATION:

What type of instrument does the student require? _____

Is this student currently receiving an After School Workshop Scholarship from *Perform 4 Purpose*? _____ Yes _____ No

If no, please answer the following questions:

If no, please describe why you think this student would benefit from access to the instrument:

Is the student currently taking lessons somewhere else? _____ Yes _____ No

If yes, from who? _____

Please describe the student's financial situation to the best of your knowledge:

**Confidentiality Notice: All information provided in this application is confidential, and will only be viewed by persons necessary to determine grant eligibility.*

Revised 7/15/13

PERFORM 4 PURPOSE
Application for Student Instruments

Applicant's Signature: _____

Date: _____

Please return completed application to:

Perform 4 Purpose
ATTN: Workshops Committee
8 Fourth Ave.
Auburn, New York 13021

OR

programs@perform4purpose.org

OR

Jim Van Arsdale
Student Workshops Director
workshops@perform4purpose.org

OR

Your local Workshop Facilitator (see www.perform4purpose.org/workshops for a list of facilitators).

Please direct any questions or concerns to:

Jim Van Arsdale
Workshops Director
Perform 4 Purpose, Inc.
workshops@perform4purpose.org
(315) 289-8827

**Confidentiality Notice: All information provided in this application is confidential, and will only be viewed by persons necessary to determine grant eligibility.*

Revised 7/15/13