

## Instrument

Because music makes life better...

Thank you for your interest in the Ted Brown Music Outreach Steve Gale Memorial Scholarship Program. We are excited that you have chosen to involve us in your child's desire to play and create music. Please complete the attached application so your child can start on their musical experience.

Who is eligible: Any student between the ages of 8 and 18, and can demonstrate financial need.

Please attach a copy of the school notification of free or reduced lunch.

Date:	School Name:		<del></del>
Child's Name:		Age:	M / F
Instrument Requested: _		Prior Musica	al Experience: Yes / No
Parent/Guardian Name:			
Address:			
City:	Zip Code:	Pho	one:
Email:			
Please describe how you	or child will benefit from their	musical experien	ce:
Please describe your fina	ancial need:		
How did you hear about	the Ted Brown Music Outrea	ich	
The above information	is true and factual		
	Parent/0	Guardian Signat	ure Date

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