

THE PRESSER FOUNDATION

385 Lancaster Avenue
Haverford, PA 19041
(610) 658-9030

QUESTIONNAIRE IN SUPPORT OF APPLICATION
FOR ASSISTANCE FROM THE PRESSER FOUNDATION

1. Name:
2. Present Address:
.....
3. Telephone No.....
4. Social Security No.....Spouse's Social Security No.....
5. If Present Address is not your permanent home, please list.....
.....
6. Date of Birth:.....Place of Birth:.....
7. Marital Status: Married.....Single.....Widow.....Widower.....Divorced.....
8. Name of spouse (living or deceased).....
9. Name, address and telephone number of other immediate relatives:
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10. Give name and address of three persons, not related, to whom The Presser Foundation can refer as to your character and music teaching background:

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.....

11. Where and with whom did you study music? Please provide dates and any Degrees received.

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12. How long have you taught music in the United States?.....

(a.) List schools or organizations and addresses (if applicable):

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(b.) Private instruction, location and dates:.....

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13. What is the condition of your health?.....
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14. Describe any chronic diseases which you may have:.....
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15. Specify any physical limitations:.....
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16. If you are under special medical care please explain:.....
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17. Do you have Health Insurance?
 Name of Company:.....
 Medicare/Medicaid:.....
 Monthly Cost:.....

18. Religious Affiliation/Church Organizations:.....
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EXPENSES

	<u>Amount Per Month</u>
Rent or Mortgage	\$.....
Real Estate Taxes	\$.....
Homeowners Insurance	\$.....
<u>Utilities:</u>	
Heat	\$.....
Electric	\$.....
Water	\$.....
Telephone	\$.....
Cable	\$.....
Food	\$.....
<u>Medical:</u>	
Prescriptions	\$.....
Other	\$.....
<u>Automobile:</u>	
Insurance	\$.....
Gas	\$.....
Maintenance	\$.....
Total	\$.....

