

THE PRESSER FOUNDATION

Over 75 Years of Music Philanthropy

ASSISTANCE TO MUSIC TEACHERS PROGRAM APPLICATION FORM

In order that The Presser Foundation may review your grant request, please fill out the following Application Form and return it to the office. Thank you.

REFERRAL CONTACT INFORMATION

Name of Referral Contact _____

Title of Referral Contact _____

Organization of Referral
Contact _____

Address _____

Telephone Number _____

Email Address _____

APPLICANT CONTACT INFORMATION

Name of
Assistance Applicant _____

Date of Birth _____

Social Security Number _____

Present Address _____

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APPLICANT CONTACT INFORMATION (CONTINUED)

Telephone Number

Email Address

Permanent Address if Present
Address is not your home

Marital Status

Married

Single

Widow/er

Divorced

Name of Spouse
(living or deceased)

Spouse's Social Security
Number

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact
Person

Address

Telephone Number

Email Address

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APPLICATION QUESTIONS

1. Please provide the names and addresses of three persons, not related, to whom The Presser Foundation can refer as to your character and music teaching background.

	Name	Address	Email Address
1			
2			
3			

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APPLICATION QUESTIONS (CONTINUED)

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

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

a. Please list schools or organizations, addresses and tenure:

b. Please list private instruction, location and dates:

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APPLICATION QUESTIONS (CONTINUED)

4. Please list all professional music or music teaching membership organizations you have belonged to.

5. Please explain specific circumstances of financial need.

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FINANCIAL INFORMATION

Income	Amount Per Month	Amount Per Year
Teaching Fees or Salary	\$	\$
Social Security	\$	\$
Pension	\$	\$
Annuity	\$	\$
Trust	\$	\$
Rental	\$	\$
Dividends	\$	\$
Interest	\$	\$
Other (describe)	\$	\$
Total	\$	\$

Assets	Bank/Institution	Amount
Checking Account		\$
Savings Account		\$
Investment Account		\$
Qualified Retirement Plan		\$
Life Insurance (death benefits)		\$
Other (describe)		\$
Sub-Total		\$

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FINANCIAL INFORMATION (CONTINUED)

Assets	Description/ Encumbrances	Assessed Value
Real Estate (in your name)		\$
Other (describe)		\$
Total Assets		\$

Debts	Description	Amount
Debts		\$
Mortgages		\$
Obligations		\$
Other (describe)		\$
Total Debts		\$

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FINANCIAL INFORMATION (CONTINUED)

Expenses	Amount Per Month	Amount Per Year
Rent or Mortgage	\$	\$
Real Estate Taxes	\$	\$
Homeowners Insurance	\$	\$
Utilities:		
Heat (i.e. oil, propane)	\$	\$
Electric	\$	\$
Water/Sewer	\$	\$
Telephone/Cable/Internet	\$	\$
Food	\$	\$
Medical:		
Prescriptions	\$	\$
Medical Premiums	\$	\$
Other (i.e. medical co-pays, dental)	\$	\$
Life Insurance Premium	\$	\$
Automobile:		
Vehicle Payments	\$	\$
Insurance		
Gas	\$	\$
Maintenance	\$	\$
Sub-Total	\$	\$

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FINANCIAL INFORMATION (CONTINUED)

Additional Expenses	Amount Per Month	Amount Per Year
Please list other expenses you incur on a regular monthly basis: (i.e. pet care, home maintenance, expenses associated with dependents)		
Total Expenses (including expenses listed on previous page)	\$	\$

Date:

Signature:
