

Brachial Plexus Palsy Foundation Music Scholarship Application

210 Spring Haven Circle - Royersford, Pennsylvania 19468 E-mail: Contact @ BrachialPlexusPalsyFoundation.org



\$100 per child (birth to age 18) for the reimbursement of the purchase or upkeep of an instrument, for private or group music education, or for special music workshops and seminars. This scholarship is limited to the funds raised at the Benefit Concert on June 14, 2008.



First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____ Gender Male Female

Parent / Guardian Full Names _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Addresses _____

BPI Info: What type of injury / what nerves injured? _____

Who is/(are) your BPI specialist(s)? _____

What treatments/surgeries have you had? _____

I am applying:

- reimbursement of an instrument purchased in the last six months private music instruction (includes any instrument, music theory or voice)
- repair or maintenance of an instrument completed in the last six months group music instruction (includes any instrument, music theory or voice) also includes structured infant classes: Kindermusik, Musik Garten, Music Together

Date of Purchase, Service, Instruction, Course

I am applying for a scholarship for this instrument/teacher/program/school (include contact information)

Why did you choose this instrument/teacher/program/school ?

Please attach a receipt for payment and include a brochure, flyer or other information pertinent.

I understand that music scholarships are reimbursements given to parents of children with BPI (from birth to age 18) for the purchase of an instrument for the child, for repair or maintenance on an existing instrument, for private or group music instruction (including voice) or for special workshops & seminars. A formal receipt for your expenditure within six months of the application is required for reimbursement. Please include a picture of your child involved in an activity pertaining to this instrument or course of instruction with this application. I agree to have my child's first name (only) and this picture posted on the Brachial Plexus Palsy Foundation Website as a recipient of this scholarship. I certify that the information on this application is factual and complete.

These scholarships have been made available to you because of the fundraising efforts of Maia Litz (age 10 - LOBPI). Maia and her parents organized a Benefit Concert to raise these funds. Maia's email is bratzfan@litzfamily.com if you want to thank her personally.

Applicant's Signature _____ Date _____