2005 PSMA
ADOPT A MUSIC STUDENT
PROGRAM APPLICATION

PARENTS NAME: _____

ADDRESS: _____

_____

PHONE: _____

E-MAIL: _____

STUDENT NAME: _____

STUDENT AGE: _____

SCHOOL ATTENDING: _____

STUDENT GRADE LEVEL: _____

MUSIC PROGRAM INSTRUCTOR'S NAME: _____

TOTAL HOUSEHOLD INCOME: _____

TOTAL HOUSEHOLD FAMILY MEMBERS: **ADULTS:** _____

CHILDREN: _____

PLACE OF EMPLOYMENT: FATHER: _____

MOTHER: _____

REASON / STUDENT MUSICAL HISTORY FOR REQUESTING OUR HELP IN SUPPLYING YOUR CHILD WITH AN INSTRUMENT FOR THEIR SCHOOL MUSIC PROGRAM: _____

_____

_____

_____

WHAT INSTRUMENT DO YOU NEED?: _____

PARENTS SIGNATURE: _____

DATE: _____

MAIL TO: PSMA, P. O. BOX 8054, PUEBLO, CO 81008

CONTACT PHONE: PETER BURG @ 489-2215 (President)

Donovan McNeilly @ 544-4478 (Director)

OR EMAIL TO: bluesuburban@hotmail.com

These applications are being considered by the board of PSMA on a first come first serve basis. For more info on PSMA check our Web Site at: pueblosongwriters.org.