Thank you for your interest in Band of Angels. This program is designed to help students in financial need obtain instruments for use in school music programs. Band of Angels works with school administrators, and music directors to help identify students in need of a musical instrument. Band of Angels is sponsored by Fox 4 TV and Meyer Music.

The attached form helps provide information needed to establish financial need. We will contact your school music director and administrators to verify that the information provided below is accurate. While these questions help us determine need, we reserve the right to approve or decline any application based on other circumstances.

Please accompany your application with a short background description and story (100 words or more) why you need an instrument. Fox 4 may use these stories to update viewers on who is receiving instruments from the program. These updates will hopefully spur others to continue to donate instruments and funds thus helping more students. By accepting an instrument from Band of Angels, you are granting permission to use your story if needed in a newscast on Fox 4 TV.

The following guidelines apply to this program:

- Band of Angels retains ownership of the instruments while they are being used. These instruments are loaned to the student free of charge for as long as they continue to play.

- If a student decides to discontinue, the instrument must be returned to any Meyer Music location or by contacting the school music director to arrange pick it up at the school if possible. For our location information, please visit our contact page on our website at bandofangelskc.org/contact.

- Recipients of donated instruments will be responsible to pay for any repairs or adjustments needed.

- Due to the limited number of instruments donated, there is no guarantee that an instrument will be available.

You may send us this form by any of the following methods:

- Email: angels@meyermusic.com
- Mail To: Attn: Band of Angels, 11890 West 135th St. Overland Park KS 66221
- Fax: 913-491-6691

Please feel free to contact us with further questions via our website at bandofangelskc.org/contact.

Thanks,
Board of Directors - Band of Angels
A 501c3 Not For Profit Organization
Instrument Donation Application

Student Information

Students Full Name:  Last: ___________________ First: ___________________ Middle: ___________________
Grade Level in School: ______  Student’s Age: ______  School: __________________________________________
Birthday: ______  Student’s Email: ___________________  School Level: ___________________________________
☐ New Student to School Music Program  ☐ Currently Enrolled in a School Music Program

Parent/Guardian Information

Parent/Guardian Name: ___________________  Relation to Student: ___________________
Parent/Guardian Name: ___________________  Relation to Student: ___________________
Home Phone: ___________________  Alternative Phone: ___________________
Home Address: ___________________  Apt #: ______  City: ___________________  State: ___  Zip: ______
Email Address: ___________________  Alt. Email: ___________________

Instrument Donation

List Instrument Choice:  First Choice  Second Choice

Band/Orchestra Director Information

Full Name:  Last: ___________________  First: ___________________  Middle: ___________________
School: ___________________  District: ___________________
School Address: ___________________  City: ___________________  State: ___  Zip: ______
School Phone Number: ___________________  Director’s Email: ___________________

Establishing Financial Need

Information about your child’s eligibility for free child nutrition program may be used to determine financial need. We must have your express permission to contact the proper administration to determine eligibility. Please check the box and sign below.

☐ YES, I DO give permission for Band of Angels donation recipient committee to contact the proper entities to determine the status of my child's eligibility for free child nutrition programs thus helping to establish financial need of the recipient.

Parent/Legal Guardian Signature: ___________________  Date: _____________

Please provide additional information to establish a financial need for a Band of Angels donated instrument

☐ Food Stamps  ☐ Temporary Government Assistance Programs  ☐ Section 8 Housing  ☐ WIC

Additional Comments or Government Assistance:
________________________________________________________________________
________________________________________________________________________

By signing this application, I give Fox 4 TV permission to use my information during newscasts about the Band of Angels Program.

Parent/Guardian Signature: ___________________  Date: _____________
Band Director Signature: ___________________  Date: _____________
Instrument Donation Application

Please provide us with a short background of your situation and why you would like to receive an instrument from Band of Angels (100 words or more please):

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