

**READING MUSICAL FOUNDATION**  
Mileage for Music Program – Sponsored by Leesport Financial Company

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School you are currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument or Voice Category: \_\_\_\_\_ Number of Years Studied: \_\_\_\_\_

Public Music Teacher: \_\_\_\_\_ Teacher's Phone: \_\_\_\_\_

Music Teacher (private): \_\_\_\_\_ Teacher's Phone: \_\_\_\_\_

*If not currently enrolled in private music study, what teacher are you planning on studying with?*

Teacher's Address: \_\_\_\_\_

Estimated Roundtrip Mileage: \_\_\_\_\_ Frequency of Lessons (per week, per month, etc.): \_\_\_\_\_

Other music instruments played/voice studied: \_\_\_\_\_

School vocal music activities (chorus, musicals, ensembles, County/District, awards, etc.): \_\_\_\_\_

Other vocal music activities (workshops, masterclasses, contests, BCCC, church, scouts, etc.): \_\_\_\_\_

Any other information you wish to include regarding your musical involvement: \_\_\_\_\_

Write a brief essay about your musical goals, experiences or why you study or want to study music, privately. Also, please include how you heard about RMF's *Mileage for Music*.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**REMINDER TO TEACHER:** Please attach your recommendation of this applicant and specifically address the applicant's financial needs, if any. Completed application and teacher recommendation should be sent to Keri Shultz, Program Director, at 610-376-3395 or [kshultz@readingmusicalfoundation.org](mailto:kshultz@readingmusicalfoundation.org).