



## Band of Angels Donation Recipient Application

Thank you for your interest in Band of Angels,

This program is designed to help students in financial need obtain an instrument to use for school music programs; attached is a form which will help provide us with information needed to review to establish financial need. The Band of Angels program works with school administrators, and school music directors to help identify students in need of a musical instrument. We will contact your school music director and school administrators to verify that the information provided below is accurate. While the questions listed below do help us determine those children in 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 of 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 show that the instruments donated are going to good homes and hopefully will spur others to continue to donate instruments 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 & Meyer Music will retain ownership of the instruments while they are being used.  
These instruments are loaned to the student to use.
- If a student decides to discontinue, the loaned instrument must be returned to Meyer Music.
- Monetary aid provided by Band of Angels must be used solely for the purpose of music camp tuition or music lessons. Monetary aid will be paid directly to the designated music camp or music school.

We ask that if your financial situations changes and you can afford to obtain your own instrument that you return the loaned instrument to Meyer Music. This will allow us to continue to use the instruments for other children in need as time goes on. This can be done by returning it to any of our three locations or by contacting the school music director to arrange for us to pick it up at the school if possible. For our location information, please visit our contact page on our website at [bandofangelskc.org/contact/](http://bandofangelskc.org/contact/) Your music teacher must notify us that the instrument will need to be picked up. Recipients of donated instruments will be responsible to pay for any repairs or adjustments needed to keep the instrument in playing condition.

Due to the limited number of instruments donated, there is no guarantee that an instrument will be available. If no instrument is available, you may check back monthly to see if any new instruments have been donated. Please feel free to contact us with further question via our website at [bandofangelskc.org/contact/](http://bandofangelskc.org/contact/).

Thanks,  
Fox 4 TV & Meyer Music

**Fax the following completed form to 913-491-6691 or mail it to:**

**Attn: Band of Angels  
11890 West 135th Street  
Overland Park KS 66221**



## Band of Angels Donation Recipient Application

### Personal Information

Students Full Name: *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_  
 Grade Level in School: \_\_\_\_\_ Student's Age: \_\_\_\_\_ School: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Home: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Instrument Donation

List Instrument Choice:	First Choice	Second Choice
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### Monetary Assistance

I plan to use any monetary assistance I receive for:	<input type="checkbox"/> Music Camp	<input type="checkbox"/> Music Lessons
Name:		
Address:		
Website:		
Cost:		
Type of Camp or Lesson:		

### 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 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 or monetary aid to be used for music camp or lessons.**

Food Stamps \_\_\_\_\_ Temporary Government Assistance Programs \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_

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: \_\_\_\_\_

BOA Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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