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EIN# 45-5216562
Julie Frost, Director

A 501 (c) (3) non-profit organization offering music as a means of therapy and community outreach

APPLICATION FOR SERVICES OR ITEM

DATE: _____

NAME OF PERSON/ORGANIZATION IN NEED: _____

IF AN ORGANIZATION, SCHOOL ,OR BUSINESS: _____ NON-PROFIT? _____ PRIVATE? _____ PUBLIC?

CONTACT NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL: _____ WEBSITE: _____

WHAT ARE YOU IN NEED OF?

____ MUSIC LESSONS/MENTORSHIP _____ INSTRUMENT(S) _____

____ MUSIC THERAPY _____ MUSIC PERFORMANCE _____ MUSIC WORKSHOP

____ MUSIC EQUIPMENT _____ OTHER _____

FINANCIAL, MEDICAL, OR PERSONAL/BUSINESS HARDSHIP: _____

AGE (S) OF RECIPIENT(S): _____ RACE: _____ M / F: _____

SCHOOL (IF ATTENDING): _____ GRADE: _____

MEDICAL CONDITION OR DISABILITY (IF ANY): _____

LIMITATIONS TO RESOURCES: _____

PREVIOUS MUSIC EXPERIENCE OR TRAINING: _____

GOAL TO ACHIEVE WITH DONATED ITEM/SERVICE: _____

SIGNATURE _____ DATE: _____

All information given to the Music Moves Mountains Foundation is confidential and will not be shared unless given permission. When reviewing applications, we consider all the information provided and will try to match your request according to the situation and the availability of funds and instruments. Please give us up to 30 days to process your request. (c) 2012-2017 MMMF