

THE MOULTON FAMILY VOCAL MUSIC FUND
CHOIR COMPETITION GRANT APPLICATION

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Email: _____

Funding received in academic year: _____

Competition/Performance Title: _____

Competition/Performance Date: _____

Anticipated number of students expected to participate: _____

Competition Description: _____

Describe how the funds requested will be utilized: _____

Choir Director Printed Name _____

Signature _____ Date: _____

Principal Printed Name _____

Signature _____ Date: _____

The signatures above certify the truth and accuracy of all information submitted in connection with this application.

Send completed Grant Application to PO BOX 908, Grants Pass OR 97528 or email to jcef@jocoedfund.org