



MUSIC EDUCATION GRANT REQUEST FORM

Today's Date:	Event Date:
Your Name:	
School/Association:	
Address:	
City, State, Zip:	
Email Address:	
Name of the Event:	
Location of the Event:	
Time of the Event:	Approximate Number of Audience:
Clinician's Name:	
Clinician's Instrument:	
Name of Your Local KHS America Dealer:	
FINANCIAL INFORMATION	
Clinician Fees:_\$	Clinician Expenses:_\$
School Contribution:	Dealer Contribution: \$
GRANT AMOUNT REQUESTED FROM KHS AMERICA:\$	

Please email completed form to: chris.hankes@khsmusic.com
or you may fax the form to: 615-773-9975