



**Sing Your Song, Inc. ("SYS")
Financial Assistance Application
For
Youth Musical Theatre Organizations or Schools**

Name of applicant organization or school: _____

Does applicant organization have its IRS approved 501(c)3 status? (check one) ___ YES ___ NO

Tax ID # _____

Address _____

City _____ State _____ Zip _____

Business phone _____ Cell phone _____

Email Address _____

Organization website _____

Executive Director or Principal Name: _____

Title _____

Business or home address _____

City _____ State _____ Zip _____

Email _____

Work Phone _____ Cell Phone _____

Project Contact Name: _____

Title _____

Business or home address _____

City _____ State _____ Zip _____

Email _____

Work Phone _____ Cell Phone _____

★ ★

Please mail your completed application to:

**Sing Your Song, Inc.
Attn: Julia Querin
PO Box 270876
San Diego, CA 92198
858-395-2734**



Project Information

Please complete the following information pertaining to the project for which the requested funding will be used. Please note that the funding can ONLY be used for Youth Musical Theatre activities. You may attach additional documentation as necessary.

Project Name: _____

Project Date(s): _____ **Rehearsal Start Dates:** _____

Amount Requested: \$ _____ (attach budget)

Has applicant organization received financial assistance before? YES _____ NO _____

If yes, please list _____

Project Description: (give specific details as to how the funding will be used)

Project Goals & Objectives: (give specific details as to why you are requesting the funding)

Project Expected Results: (give specific details as to what you hope to achieve if awarded the funding)

What makes your organization the ideal candidate for this funding opportunity?

Do you have any other financial or special circumstances/expenses to be considered? If yes, please explain.

I, (print name) _____ verify that the information submitted is accurate and complete to the best of my knowledge.

Signature

Title

Date