



Office Use	
Instrument:	
Serial #:	
Date:	

Lonely Instruments for Needy Kids
of
Northwest Florida

Instrument Scholarship Request Form

Student's Name:		Age:	Grade:
Instrument Choice	1st	2nd	3rd
School Name:			
Principal's Name:			Phone:
Address:			
City:	State:	ZIP:	

The student described above has been recommended to receive an instrument from LINKS of Northwest Florida . This student has met all of the following prerequisites for qualifying for the program

- The student is officially enrolled in our school.
- The student participates or desires to participate in the instrumental music program at our school.
- The student has demonstrated good work ethic in the classroom.
- The student is in good academic standing.
- The student has demonstrated an aptitude for music.
- The student is a responsible young person who will show respect for the instrument.
- The students' parents or guardians have been unable to secure an instrument through conventional means.

We understand that this request will be fulfilled based on availability for the instrument requested. The instrument may be used by this student for as long as he or she participates in the school instrumental music program described above. If an instrument is granted on a scholarship to this student, the school agrees to monitor its' use and agrees to return the instrument to LINKS of Northwest Florida should the above student no longer need the instrument.

Principal's Signature: _____ Date: _____

Classroom Teacher's Signature: _____

Instrumental Music Teacher's Signature: _____

Mail this form to: LINKS of Northwest Florida Program, 99 NE Eglin Pkwy., Suite 1B, Ft Walton Beach, FL 32548
Questions: Call 850-243-2514