



Colorado State Music Teachers Association Application for Disaster Relief Funds

Applicant Information

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Tax Payer ID: _____

Date of Disaster: _____ Date of Application: _____

Relief Needed: (ie. Music replacement, instrument moving/rental costs, etc)

Applicant Signature: _____

This section to be filled out by the Local Association assisting with Disaster Relief:

Local MTA: _____ Contact Person: _____

Contact Person Phone: _____ Email: _____

Additional Information on Applicant or Disaster for Consideration: _____

Contact Person Signature: _____ Date: _____