



drew hildebrand teen benefit fund

# Music & Arts PROGRAM



## Application Form

The following information is for use by the selection committee only.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_ Family Income \_\_\_\_\_

# of dependents at home and their ages \_\_\_\_\_

School / Grade / Teacher / Guidance Councillor \_\_\_\_\_

Describe how you completed/plan to complete your 40 hours of community service \_\_\_\_\_

What are your challenges?  School Issues  Financial Need  Other \_\_\_\_\_

Do you have previous arts training?  Music  Photography  Painting/Drawing  Sculpting  Culinary Arts  
 Acting  Writing  Other \_\_\_\_\_

Program of choice:  Music  Arts If music, what instrument?  Vocal  Guitar  Bass  Saxophone  Other

How will you benefit from our arts/music program? \_\_\_\_\_

Program request date:  Spring  Fall

Have you included your one page letter?  Yes

*Applicant agrees that his/her name, image and art shall be published on the DHTBF website and on future materials for the charity, and agrees to provide other information and documentation as may be reasonably requested by the DHTBF. Falsification of any information may result in disqualification. The application becomes the property of the DHTBF upon submission.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Reference Name \_\_\_\_\_

## Reference Form

Reference Employer \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Comments \_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

All information collected is kept confidential.

DHTBF.COM 905-814-1306 905-858-1563 (Fax)  
2979 Picton Place Mississauga, ON L5M 5S7  
Charitable Registration Number 852039866RR0001

FOR OFFICE USE ONLY  
Application Received (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Accepted: (Y/N) \_\_\_\_ Follow-up Complete: (Y/N) \_\_\_\_  
Reason: \_\_\_\_\_  
First Time Funding: (Y/N) \_\_\_\_ Amount: \$ \_\_\_\_\_ Allocation Period: \*Spring OR \*Fall