

**Legacy Foundation of Palm Beach County, Inc.**  
**Application for Funding**

**\$3,000.00 MAXIMUM AMOUNT OF FUNDING AVAILABLE PER APPLICANT**

**APPLICATION PROCESS IS NOT COMPLETE UNLESS THE FOLLOWING ARE SUBMITTED WITH THE APPLICATION:**

- Applications will not be considered unless completed in full.
- One letter of reference from the applicant's music teacher or music professional.
- One letter of reference from a non-related adult that can provide insight into the applicant's promise.
- Report cards for 2 years of study from current and/or previous schools.
- First two pages of parent or guardian tax return (If filing separately, both parents must provide returns). Sensitive information may be blacked out.
- University Transcript (for the Bob Lappin Legacy Grant)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    *Last*                                    *First*                                    *M.I.*

Address: \_\_\_\_\_  
                    *Street Address*  *Apartment/Unit #*  
\_\_\_\_\_  
                    *City*  *State*                    *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Purpose applied for (name of instrument, lessons, research, etc.) \_\_\_\_\_

Funding amount requested \$ \_\_\_\_\_

Are you currently taking lessons? If yes, for how long? \_\_\_\_\_

If yes, provide teacher email and phone number \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Are you a permanent resident of Palm Beach County? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

Current School: \_\_\_\_\_ Date began: \_\_\_\_\_

Prior School: \_\_\_\_\_ Date began/ended \_\_\_\_\_

If over 18, did you graduate? \_\_\_\_\_

If over 18, current school and intended degree and major/minor \_\_\_\_\_

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Please list one personal reference (phone and email) \_\_\_\_\_  
\_\_\_\_\_

Please list one professional reference (music teacher, principal, etc. – phone and email)  
\_\_\_\_\_

Parent/Guardian #1 name, address, phone and email  
\_\_\_\_\_

Parent/Guardian #2 name, address, phone and email  
\_\_\_\_\_

Parent/Guardian #1 employer name, phone, email and parent's current income  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian #2 employer name, phone and email and parent's current income  
\_\_\_\_\_  
\_\_\_\_\_

Do you/your parent/your guardian receive any other funding for the purposes applied for in this application? If yes, list name(s) of funders and amounts.  
\_\_\_\_\_  
\_\_\_\_\_

Do you/your parent/your guardian receive any other forms of financial support such as child support/alimony, etc.?  
\_\_\_\_\_

How did you become aware of this program?  
\_\_\_\_\_

**I hereby attest that all information contained in this application is true and complete and that any funds will be immediately terminated or instruments provided shall be returned if the specific guidelines and agreement provided in advance of funding are not adhered to. I understand that applicants over the age of 18 may be subject to a background screening prior to receiving funds.**

Applicant \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Date \_\_\_\_\_