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

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date of birth: _____ Social Security No.: _____ Desired Amount: **$** _____

Purpose Applied for (instrument, lesson, research, scholarship):

_____

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_____

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 phone, email and current income
_____

Parent/Guardian #2 employer phone and email and current income
_____

How did you become aware of this program? _____

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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 _____