



## **Grant application (for applicants who have received a Kate's Voice grant)**

For the 2016-2017 school year, Kate's Voice is offering up to 8 half/full-year music therapy grants. Each grant will provide a music therapist to come to the classroom once every other week or more and provide music therapy for the students. Deadline for grant application submission and winner notification is posted online.

Please refer to *General Information and Grant Guidelines* for specific information before applying.

Kate's Voice thanks you in advance for your grant submission. Please feel free to contact us at [katesvoice@comcast.net](mailto:katesvoice@comcast.net) if you have any questions.

There are two parts to the grant application:

1. Grant application questions.
2. Required addenda to the application.

Please mail completed application to: Kate's Voice, P.O. Box 365, Sudbury, MA 01776.

### **Grant application questions**

Please note this application is for teachers/classes who *have* previously received a Kate's Voice music therapy grant.

#### **Teacher and School Information**

1. Please provide the following information:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

2. Is there an additional contact person for this grant? If so, please provide the name, title, name of school and address of school, phone number and email address of additional contact.

Additional Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Class Information**

1. Please provide an overall description of the special needs of the children in your class.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How many students are in your class (approximately)? \_\_\_\_\_

3. What are the ages and grade/s of the students? \_\_\_\_\_

4. Do your students currently have access to music or music therapy? If yes, please explain.

NO \_\_\_\_\_

YES, please explain:

\_\_\_\_\_

\_\_\_\_\_

5. Do you currently receive any funding for music? YES \_\_\_\_ NO \_\_\_\_

6. What size grant are you applying for (the minimum grant is \$200.00 and the maximum is \$2,200.). Please note that the grant amount you apply for does not affect your chances of selection.

Grant: \_\_\_\_\_

7. From time to time, Kate's Voice asks teachers to take photos or video of students enjoying the music sessions. Would you be willing to have students' parents sign a waiver so that photos or video can be taken? Kate's Voice uses photos and video occasionally on our website and/or for fundraising purposes. Kate's Voice will supply your class with a waiver

YES \_\_\_\_\_ NO \_\_\_\_\_

### **Using music in your class**

1. How would you integrate music classes into your curriculum?

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2. Do you have ample space in the classroom or the school for a musician to perform and children to participate in class?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are you currently applying for any other music-related grants?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. In a paragraph, please thoughtfully tell us why music therapy would benefit your students?

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**Previous music therapy experience**

1. How were you able to measure the success of the music therapy?

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2. How many students are new to the classroom since the last Kate's Voice music therapy grant? How many students are returning?

NEW STUDENTS: \_\_\_\_\_ RETURNING STUDENTS: \_\_\_\_\_

3. How did you work the music therapy into the curriculum?

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4. Would you approach or integrate the music therapy sessions any differently since the last sessions

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## **Required addenda to the grant application**

1. Please provide a mini-budget breakdown of how you will use the grant money.
2. Please attach a description or resume of the music therapist you intend to use. If you cannot find a music therapist, Kate's Voice may be able to provide you with the names of therapists whom Kate's Voice grant recipients have used.