



PFMC Financial Assistance Application

Name _____

Address _____ City _____

Phone # _____ Email _____

PFMC Member? ___Y ___N Are you an American citizen or Naturalized? ___Y ___N
Eligibility requires American Citizenship and membership. Go to <https://www.nfmc-music.org/membership/> to complete form and upload membership fee.

Are you acquainted with a PFMC Board member who could sponsor you? _____Y _____N

If yes, please name that person _____

Describe briefly your opportunity for which financial assistance is needed...

What is the one time amount you are requesting? (limits may apply) \$ _____

Is there a specific date by which it is needed? _____

Have you requested assistance in the past? _____Y _____N

If so, when did you receive it? _____

May we contact you for further information? _____Y _____N

Are you willing to provide a follow up on your opportunity for which you are requesting assistance? ___Y ___N

Submit this completed form to the PFMC State President, Kristin Ivers

Kivers210@gmail.com

Applicant's Signature

Request Approved ___Y ___N _____

Date

State President

State Treasurer