



American String Teachers
Association



CodaBows for America Community Outreach Program Application

Please type or print clearly:

Date: _____

Program Information

Name of Applicant: _____

ASTA Membership Number: _____

Relationship to program (if other than music instructor):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School or Studio: _____

School or Studio Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Federal ID Number (if not applicable, must include ASTA state chapter letter of recommendation): _____

Please indicate types and numbers of requested bows:

Violin _____

Viola _____

Cello _____

CodaBows for America Community Outreach Program Application Continued...

Music Instructor Information*

Name of Music Instructor: _____

ASTA Membership Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*Please provide this information if the instructor and applicant are different.

Music Instructor Statement of Use

How will receiving these bows assist your students' playing, studies, and/or careers in the future?
How will you use the bows if your program is awarded? (Will the bows be shared by students?
Will the bows be utilized by one particular student exclusively?, etc.)

CodaBows for America Community Outreach Program Application Continued...

Program Statement

Please provide a statement about your program. Include financial situation of program, history, number of years in existence, number of students, and playing level of students, etc.

By signing the application, applicant and instructor agree to all guidelines set forth by ASTA and CodaBow International, Ltd.

Applicant Signature: _____

Print Name: _____

Music Instructor Signature: _____

Print Name: _____

Please submit an original typed application and four copies by April 1, 2009 to:

**ASTA
CodaBows for American Community Outreach Program
4153 Chain Bridge Road
Fairfax, VA 22030**