



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.)

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**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, 2008 to:**

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