JUDITH MUNRO DEWETTE
STUDENT OPPORTUNITY FUND

FINANCIAL ASSISTANCE APPLICATION

The Fund helps students experiencing financial hardship participating in NJFMC events.

HOW TO APPLY Please complete the sections below and email the application to **nfmcnj@gmail.com**. Applications are reviewed by the NJFMC Board. You can generally expect a response within 2–4 weeks.

Please provide enough information for the Board to understand the request. You do not need to include sensitive financial documents unless the Board specifically requests them.

1. Teacher Information

Teacher name: _____

School / organization if applicable: _____

Email address: _____

Phone number: _____

Preferred method of contact: ☐ Email ☐ Phone

2. Student Information

Student name: _____

Grade: _____

3. Event and Financial Assistance Requested

NJFMC event or activity: _____

Event date(s): _____

Total event fee: _____

Amount of assistance requested: _____

4. Financial Need

Please briefly describe the circumstances creating a need for financial assistance and how support would help the student participate. You may include any relevant context, such as a temporary change in family circumstances, financial hardship, or other barriers to covering the cost.

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5. Additional Information

Is there anything else the Board should consider when reviewing this request? (Optional — for example, a payment deadline or whether partial assistance would still make participation possible.)

_____

_____

6. Applicant Acknowledgment

I confirm that the information provided is accurate to the best of my knowledge. I understand that applications are reviewed by the NJFMC Board, that assistance is subject to available funds, and that submitting an application does not guarantee an award.

Teacher Name (Please print) _____

Teacher Signature_____

Parent / Guardian Name (Please print) _____

Parent / Guardian Signature: _____

Date: _____

Thank you for helping make music education and participation accessible to students.