

**Spokane Falls Music Educators Association & Northeast Music
Educators Music Association
Grant Verification Form**

Name _____

School _____

School Address _____

City/Zip _____

Contact Number _____ E-Mail _____

Grant Title _____

Amount Requested \$ _____ Amount Approved \$ _____

Schedule Date of Event/Clinic _____

Site of Event/Clinic _____

Make check payable to: (pleas print) _____

Congratulations!

Your request for a grant has been approved by the SFMEA & NEMEA Executive Boards. The Boards are pleased to assist you in funding your event or clinician and hope that you will have a successful experience. We are delighted to be a part of your event/clinic and wish to remind you that as a part of our grant we request we be given credit verbally and in writing. We would appreciate any pictures of the event/clinic to share with the membership.

In order for us to process payment, it will be necessary for you to complete this form AFTER the event/clinic and return it to the SFMEA/NEMEA Treasurer and make arrangements at least five (5) days prior to the event/clinic. The check will be mailed to you as soon as we receive your signature on the bottom of this form.

Thank you!

MARGO DREIS
SFMEA & NEMEA
Executive Secretary.Treasurer
6221 S. Regal
Spokane, WA 99223