

**South Carolina Music Teachers Association**

**Benevolence Fund Application**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (Cell)

Email address: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Please explain the reason for your request:

Please attach documentation of your loss to this application.

Send by postal or electronic mail to:

South Carolina Music Teachers Association Board

c/o Deborah A. Ruth

242 Greenview Court, Lexington, SC 29072

debbieruth@sc.rr.com