



**WINDSWEPT MUSIC WORKSHOP  
APPLICATION FOR FINANCIAL ASSISTANCE**

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Teacher's name (if applicable) or person recommending you to attend Windswept  
\_\_\_\_\_ Telephone \_\_\_\_\_

Instrument(s) played and/or voice part, Number of years experience/study \_\_\_\_\_

Present involvement in musical activities: \_\_\_\_\_

How did you hear about Creative Motion? \_\_\_\_\_

Have you had experience using Creative Motion? \_\_\_\_\_ If yes, please describe.

What do you hope to attain by attending Windswept Music Workshop? \_\_\_\_\_

Please describe your need for financial assistance: \_\_\_\_\_

Teacher's comments (if applicable) \_\_\_\_\_

*Financial assistance is given without regard to race, creed, color, age or national origin.  
Please return this form by May 1st.*

*Please send to:*

**Dr. Elizabeth, President  
Creative Motion Alliance, Inc.  
3412 3rd St.  
Brownwood TX 76801**