

Co-Op Press Fund  
Recording Assistance Grant Program

Application  
(please type or print legibly)

Contact information regarding the person completing the application:

Name:

Street Address:

City, State, and Zip Code:

Phone Number:

E-mail address:

Information regarding the musical group applying (if the same as above, just indicate "same"):

Name of organization for large performing group or names of individuals for small performing groups:

Director's name (if applicable):

Street Address:

City, State, and Zip Code:

Phone Number:

E-mail address:

URL for organization or individuals (if applicable):

Information regarding the proposed recording (be as specific as possible):

Please list an existing composition or compositions by Sy Brandon to be recorded and/or a description and approximate timing of a piece you would like Sy Brandon to compose for this CD:

Please list composer, composition, and timing of other pieces you are considering including on the CD:

Anticipated place of recording:

Anticipate time period for recording:

Final Instructions:

A recording containing at least three works performed by the featured performers must be included with this application. If secondary performers are to be included on the proposed CD, please include one work performed by each secondary performer.

Biographical information about all the performers must be included with this application. If a large ensemble is applying, information about the ensemble is sufficient.

Mail the completed application along with the recording and bio to:

Co-op Press  
1400 E. Crestview Dr.  
Cottonwood, AZ 86326-4599

I have read the guidelines regarding this grant proposal and agree to abide by these guidelines. The information provided in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of person completing application

\_\_\_\_\_  
date