

SEF Provider Application

Name: _____

Business name (if different): _____

Address: _____

City: _____ State: _____ Zip _____

E - mail address: _____

Phone: (____) _____ Fax number: (____) _____

Are you currently active in offering musical instruction within 50 miles of Tallahassee?

Yes _ No _

Please provide those that apply: Federal ID # _____ Social security # _____

Liability insurance: Company _____ Policy # _____

Please include the following with your application:

- (1) Unless exempt, a copy of your current City or County business license.
- (2) A copy of your degree(s) in the field in which instruction is to be provided.
- (3) Provide evidence of tax-exempt status if organized as a non-profit.
- (4) A copy of your curriculum guide.
- (5) A background check is required for each Provider or their employees or contracted individuals.

General information:

Providers of music instruction to students awarded scholarships by Stubbs' Educational Foundation ("The Foundation") are expected to: (1) complete a Foundation evaluation form for the student each term; (2) Notify The Foundation immediately if the student drops out of the music program; (3) Provide enrichment opportunities for the student and encourage the student to perform at Foundation activities. In order to receive funding from the Foundation for scholarships awarded, the Provider, the student (and the student's parents or guardian) MUST release the Foundation from any liability except for the funding of the music scholarship.

Release

The undersigned Provider Applicant hereby agrees to release, save, defend and indemnify Stubbs' Educational Foundation from any liability, damage, cause of action or claim whatsoever of the instructor, student or third party, which arises out of the provision of music instruction given the student by the Provider. Provider further acknowledges that the time, place and circumstances of the music instruction given pursuant to any scholarship awarded by The Foundation are to be determined by agreement of the student, the student's parents or guardians, and the Provider. The sole responsibility and liability of The Foundation shall be to fund the scholarship awarded pursuant to terms of the scholarship and the rules of The Foundation. Scholarships may be renewable under certain circumstances, but renewals are subject to the sole discretion of The Foundation.

BY ACCEPTING FUNDING FOR A SCHOLARSHIP STUDENT'S MUSIC LESSONS, I ACKNOWLEDGE THAT THE SOLE RESPONSIBILITY OF THE FOUNDATION IS TO FUND THE SCHOLARSHIP PURSUANT TO THE TERMS THEREOF ESTABLISHED BY THE FOUNDATION.

_____ Date: _____

PROVIDER/APPLICANT

The commitment of the Foundation to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students be based on individual merit and be free from invidious discrimination in all its forms. It is the policy of the Foundation not to engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, disability, or sexual orientation

Send completed form and supporting documents to: Stubbs' Educational Foundation, 1260 Timberlane Road, Tallahassee, Florida 32312.