



Handbell Musicians
OF AMERICA

Handbell Musicians of America – Area 8
Application for Handchime Loan Program

Educator's Name: _____ Application Date: _____

Email Address: _____ Time Applying For: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Name: _____

City: _____ State: _____ Zip: _____

School Telephone: _____ Home Telephone: _____

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1. Give a brief summary of the musical and education experience of the teacher who will be implementing the program. List any handbell or handchime experience. (Use additional page if needed.)

2. Describe the school or education institution where the handchimes will be utilized. (Grades, ages, special needs, etc.)

3. Describe how you hope to incorporate the handchimes into your curriculum.