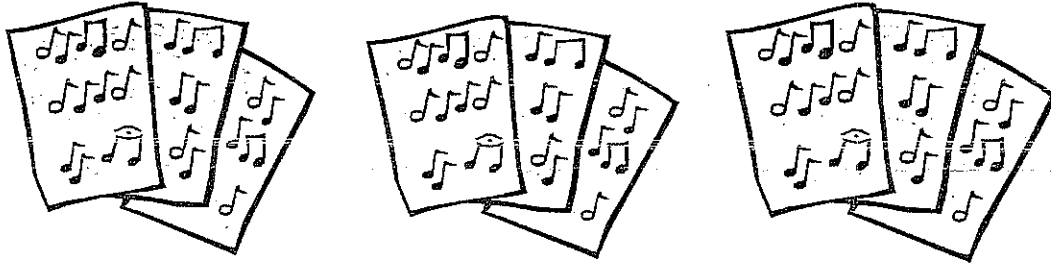


# *Van Engel Music Appreciation Fund*

*of the  
Saratoga County Citizens' Committee for Mental Health*



## *Mission Statement:*

The "Van Engel Music Appreciation Fund" is designed to give adult clients with mental illness an opportunity to participate in musical experiences, attend concerts to hear music and songwriters in their local communities and/or to learn how to play music.

*In Honor Of*

*Dr. Ivan Engel*

*For his love of music and his life as a musician,  
And especially for his service to the mental health  
community.*



*Future donations for VEMAF can be sent to SCCCMH*

# Van Engel Music Appreciation Fund Application

Date \_\_\_\_\_

(Please allow 3 weeks to process)

Referring Source (Clinician/Doctor/ Case Manager):

\_\_\_\_\_  
Telephone #: \_\_\_\_\_

Patient's initials \_\_\_\_\_

Request:

Title of Venue/Event/ Date:

\_\_\_\_\_  
Number of Tickets: \_\_\_\_\_

Musical Services (lessons) \_\_\_\_\_

Music Teacher/School \_\_\_\_\_

Total Fund Request (not to exceed \$50): \_\_\_\_\_

Payable to (Name of Venue/Music Teacher/School):

\_\_\_\_\_  
(Referring Source to notify venue that money will be sent directly to venue for their patient.)

Address of Venue/School/Teacher:

\_\_\_\_\_  
Patient's name to appear in memo: \_\_\_\_\_

Send to: Saratoga County Citizens' Committee for Mental Health  
P.O. Box 820  
Saratoga Springs, New York 12866

\_\_\_\_\_  
For Saratoga County Citizens' Committee for Mental Health only:

Date Sent:

Check Number:

Amount:

Payable to: