



CONFIDENTIAL



Financial Aid Request Form

Student Name _____

Address _____

_____ City Zip Code

Student's Year in School (check): 6th 7th 8th 9th 10th 11th 12th

Parent/Guardian Name _____

Telephone # _____

Financial Aid Requested (check): x Band Fee x Spring Trip x _____

Family's anticipated contribution to this fee/trip cost: \$ _____

Does your child currently qualify for free or reduced lunch? (check) x Yes x No

Parent Signature _____ Date: _____

Approved: _____ Date: _____
Band Director Signature

Acknowledged: _____ Date: _____
Band Booster Board Member

Where possible, it's requested that the family volunteer and actively participate in fundraisers and band events. Financial aid will be considered based on need and available funds. It's expected that students receiving financial aid are and remain in good standing within the band program.