



## Band Booster Scholarship Application – 2019-20

Name: _____	Date _____
Home Address: _____	
City _____	Zip Code _____
Email Address: _____	
Phone: _____	<input type="checkbox"/> Cell
Grade _____	Instrument: _____
Parent Name: _____	
Email Address: _____	
Phone: _____	<input type="checkbox"/> Cell

Applying for:  Financial assistance for band expenses  Private instrument lessons

Are you currently taking private music lessons?  Yes  No Teacher \_\_\_\_\_

Please list your academic grade averages for the last complete grading period:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### SCHOLARSHIP AGREEMENT

- Students awarded a private lesson scholarship will participate in region band auditions and solo and ensemble contest.
- If I am the recipient of a scholarship, I agree to make every effort to maximize my musical contribution to the band through regular practice and daily rehearsal. I understand that failure to fulfill these obligations may result in termination of my scholarship.

Student Signature \_\_\_\_\_

- As a parent, I support my child's application for a scholarship and will make every effort to support my child's musical development with encouragement at home.
- I also agree to volunteer for at least two Band Booster-sponsored events during the current school year.

Parent Signature \_\_\_\_\_

### FOR OFFICE USE ONLY

Approved  Not Approved Date: \_\_\_\_\_

Financial Assistance Amount: \$ \_\_\_\_\_  Private Lessons Amount: \$ \_\_\_\_\_