VINES BAND

Band Booster Scholarship Application

2026-2027

Student Name: _____ Date: _____

Home Address:_____

City: _____ ZIP Code: _____

Student Email Address: _____

Student Cell: _____

Grade: _____ Instrument:_____

Parent Name: _____

Parent Email Address: _____

Parent Cell Phone: _____

Applying for (select ONE only): _____Financial Assistance for Family Contribution_____ Private Lesson Assistance
**NOTE* - Private Lesson assistance only covers 50% of PISD-approved rates for 1 lesson/wk during school semesters (excluding holidays) and MUST be paid directly to the private lesson teacher via an invoice approved by Band Director.*

Are you currently taking private music lessons? Yes____ Teacher: _____ No _____

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

_____ _____

_____ _____

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. If my child drops Band class during the current school year, I will repay any and all scholarship funds back to the Band Boosters.

Parent Signature: _____