

FARWELL BAND BOOSTER SCHOLARSHIP APPLICATION

For Summer Band Camps

APPLICATION DEADLINE: MARCH 31ST

SCHOLARSHIP AMOUNT: UP TO \$100.00 MAXIMUM

Please explain why you are applying for a scholarship:

Students Name: _____

Number of people in household? _____

Email Address: _____

Phone: Home _____ Cell _____

(Parent/Guardian Name)

(Parent/Guardian signature)

Student and/or Parent:

Are you willing to give volunteer hours to the Band and/or Farwell Band Boosters? *(circle one)* **YES NO**

Are you willing to work concessions? **YES NO**

Are you willing to participate in current fundraisers? **YES NO**

Please state the amount of money that you are requesting with this application.

Total Cost of the Summer Band Camp: \$ _____

Scholarship Amount Requested: \$ _____

Note: This form will only be viewed by the Farwell Director of Bands.