



**Band Booster Scholarship Application
2024-2025**

Student Name: _____ Date: _____

Home Address: _____

City: _____ ZIP Code: _____

Email Address: _____

Phone: _____ Cell

Grade: _____ Instrument: _____

Parent Name: _____

Email Address: _____

Phone: _____ Cell

Applying for: Financial Assistance for Family Contribution Fee 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.
- 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 _____