



CONFIDENTIAL

Financial Aid Request Form

CONTACT INFORMATION				
Name	Home Phone ()	Cell Phone ()	Work Phone ()	
Address		City	State	Zip
E-mail Address		Alternate E-mail Address		
Student Name	Student Name	Student Name		

REQUEST
<input type="checkbox"/> Band Fee <input type="checkbox"/> Band Camp <input type="checkbox"/> Colorguard Costume <input type="checkbox"/> Other (describe in box below)

SITUATION
Please describe your situation and the reason for your request

PAYMENT PLAN											
Now	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

As a reminder, the band holds four fundraisers per school year that directly place money in the participating student's account. We will notify you of each of these fundraisers using the e-mail addresses provided above. In addition, money can be earned for a student's account by working the concession stand during soccer and football games throughout the year.

By signing you are acknowledging that the information provided is true and accurate and that you are now aware of the fundraising opportunities available to you.

Signature _____

Date _____

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