

Anthony Wayne Band Boosters Financial Assistance Application

Date: _____

Student: _____ Parent/Guardian: _____

Phone: _____ E-mail address: _____

You are requesting assistance for what event: _____

Total cost of event: _____ Amount of assistance requested: _____

Have you received band booster financial assistance before: _____ Amount: _____

Are you receiving financial assistance from the school: _____

Are you on unemployment, social security disability, welfare or other assistance: _____

What is your approximate annual income: _____

Do you attend band booster meetings: _____ How many during this school year: _____

Have you volunteered with the band boosters: _____ How many times: _____

What have you done as a band booster volunteer (list jobs) _____

Will you volunteer for future events: _____ What would you like to do: _____

Please use the space below to explain any of your answers, or describe any extenuating circumstances.

The Band Boosters' goal is to include as many students as possible in all band activities. We will review your request carefully and confidentially. We may need to call you with questions. You will be notified within two weeks of the application date of the amount of assistance that the band boosters can provide for your band student.