



Fishers High School Band Boosters Need-Based Scholarship Questionnaire

Please provide the following information to process your Need-Scholarship Request:

1. **Student Name:** _____

2. **Activity** for which you are requesting the Scholarship: _____

3. **Amount** of support requested: \$_____

4. **Each of the following four questions *must* be answered for your request to be considered:**

a. Provide rationalization and insight into the family's hardship: _____

b. Present the benefit provided to the student by participating in the band program:

c. Provide insight into the family's ability to cover the balance of the fees: _____

d. What is your students' commitment to furthering their band program participation in the future:



We affirm the information requested is accurate to the best of our knowledge. We understand misrepresentation may constitute fraud which may result in the loss of this scholarship.

PERSON FILLING OUT FORM: _____
(PRINTED NAME)

PERSON FILLING OUT FORM: _____
(SIGNATURE)

RELATIONSHIPS TO THE STUDENT: _____

PROVIDE BEST CONTACT (email, cell #): _____

Scholarship form must be submitted before the first payment is due for said activity.

DATE SUBMITTED: _____

PLEASE TURN IN THIS FORM DIRECTLY TO A FHS BAND DIRECTOR. ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL BETWEEN THE BAND DIRECTOR AND THE STUDENT ACCOUNT REPRESENTATIVE. A SEPARATE FORM WILL NEED TO BE FILLED OUT FOR ALL STUDENTS FOR WHOM YOU ARE REQUESTING A SCHOLARSHIP. SCHOLARHIP FUNDS ARE BUDGETED BUT LIMITED.

For Director/Student Account Rep Use:

This request is approved / disapproved, in the amount of \$_____.

This is subject to review by the Student Accounts Representative per Student Account Policy.

Director Signature: _____

Student Accounts Representative Signature: _____