



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?

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL BETWEEN THE BAND DIRECTOR AND THE STUDENT ACCOUNT REPRESENTATIVE.

- I ACKNOWLEDGE THAT THIS APPLICATION IS NOT A GUARANTEE OF AWARD
- I ACKNOWLEDGE THAT SCHOLARSHIP FUNDS ARE LIMITED TO 1ST COME 1ST SERVE
- I ACKNOWLEDGE THAT A NEW APPLICATION IS REQUIRED FOR EACH NEW ACTIVITY
- I ACKNOWLEDGE THAT A SEPARATE APPLICATION IS REQUIRED PER STUDENT, IF APPLYING FOR MULTIPLE STUDENTS
- I AGREE TO PAY THE REMAINING FEES BEFORE A SCHOLARSHIP CAN BE APPLIED TO STUDENT ACCOUNT
- I ACKNOWLEDGE THAT THIS APPLICATION IS SUBJECT TO REVIEW BY STUDENT ACCOUNTS WITH BOARD APPROVAL; PER FHS BAND BOOSTERS' STUDENT ACCOUNT POLICY

By signing below, we affirm the information requested is accurate to the best of our knowledge and agree to the terms above. We understand that any misrepresentation may constitute fraud which could result in the loss of this scholarship.

RESPONSIBLE PARTY

Signature and Date _____

Printed name and relationship to student _____

Please provide the best contact information (email/cell #):

SCHOLARSHIP FORMS MUST BE SUBMITTED BEFORE THE SECOND PAYMENT IS DUE PER ACTIVITY.

DATE SUBMITTED: _____

PLEASE TURN IN THIS FORM ELECTRONICALLY TO FHS BAND STUDENT ACCOUNTS AT studentaccounts@fishersband.org

For Student Account Use:

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

Date of Board Approval _____ .

Student Accounts Representative Signature: _____

This document is proprietary information that belongs to the Fishers High School Band Boosters
6/1/2019