

LNHS BAND
FINANCIAL ASSISTANCE APPLICATION FORM

2016-2017 School Year

Please Print or Type:

Student: (Last) _____ (First) _____ Grad Year _____

Parents: (Parent 1) _____ (Parent 2) _____

Family Home Phone: _____

Parent 1 Email: _____ Cell Phone: _____

Parent 2 Email: _____ Cell Phone: _____

Street Address: _____ Zip: _____

Please check the form of assistance you are applying for (ONLY ONE form of assistance will be awarded):

() Financial Assistance

If a band student qualifies for LNHS school text book and/or lunch assistance, he/she also may also qualify for band fee assistance. The band boosters will pay **30% of the MPLT, LTWG or LTWP fee and 50% of a student's performance/class fee and instrument/equipment rental fee** provided student pays or fund-raises the remaining balance during the semester in which the activity takes place. (Eligibility will be verified through the LNHS Treasurer in October.)

To receive LNHS Band Financial Assistance:

- This Financial Assistance Application form must be on record with the Performing Arts Secretary.
- Timely payments/fundraising credits must be applied to student account balance throughout the season.
- Parent and student participation in fundraising and volunteer opportunities.
- Text book/reduced lunch application must be on file with the LNHS treasurer (forms can be obtained from the LNHS treasurer, Pearl McQueenie. If you do not have this form or need assistance in filling it out please contact Mrs. McQueenie at pearlmcqueenie@msdlt.k12.in.us or 964-7770.)

() Sibling Reduced Fee Assistance (List siblings below – one form per family.)

If two or more students from the same family participate in marching band or a winter activity, each student will receive a 15% reduction in fees. Performance/class fees will be reduced by 30%.

Siblings: (Last) _____ (First) _____ Grad Year _____

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I understand that I must fill out an LN Financial Assistance Application Form for EACH SCHOOL YEAR that I wish to apply for assistance.

I further understand that scholarships WILL NOT be awarded retroactively.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____