

SCHOLARSHIP APPLICATION FORM

To make a request for financial aid, this application must be completed and signed by the requesting applicant, parent/guardian, and band director. Once completed, this form must be submitted to the Northwestern Band Boosters Executive Board for review. Please print or type legibly.

Student Name:		
Parent/Guardian Name: _		
Instrument/Section:		
Scholarship Requested: _	Marching Season Fees	Amount Requested \$
-	Winterguard Fees	Amount Requested \$
Reason for request*:		
Have you, the student and	page for comments if needed /or their parent/guardian, vo nal band expenses? Please ex	lunteered for the band to earn Band Credit Points

other related activities? Pleas	-	olunteered for the band for non-BCP earning fundraisers or
Please indicate (as of the date year. \$	e of this application)) your current balance of program related fees due this schoo
Parent/Guardian Signature		Date
Student Signature		Date
	For NHS Band	d Director Use Only
Director's recommendation for	or approval:	
Director Initials:	_	
	For NHS Band B	Booster Club Use Only
Date Received:	By:	Initials
Amount Approved \$		
Stipulations for scholarship:		