

CONFIDENTIAL
MORGANTOWN HIGH SCHOOL BAND FEES
FINANCIAL ASSISTANCE APPLICATION

It is the goal of the Morgantown High School band staff and auxiliary to provide opportunities for all students to be successful. If financial concerns would potentially keep a student from participating in band, the auxiliary is prepared to assist that student in his or her desire to stay in our program. ***However, all students and family members must be aware that receiving any financial assistance comes with the responsibility of showing appreciation through student effort and family support of the MHS Band.***

Student Name _____
(Please Print)

Parent/Guardian Name _____
(Please Print)

Address _____ Day Phone _____
_____ Evening Phone _____
City Zip Code

Student's Year in School (*please circle one*) 9th 10th 11th 12th

Financial Aid requested (*check all that apply*): Band Fees _____ Special Trip _____

I am requesting: Full Assistance (\$_____) or Partial Assistance (\$_____)

If Partial Assistance, your family's anticipated contribution to this fee/trip cost: \$_____

Parent's preferred payment schedule Monthly _____ Bi-monthly _____

Parent Signature _____ Date _____

Approved: _____ Date _____
Treasurer's Signature

Acknowledged: _____ Date _____
Auxiliary President's Signature

It is requested that the family participate in the individual fundraisers, if possible. Financial aid will be considered only for students in good standing in the band program and the aid may be withdrawn if the student does not fulfill their band commitments or participate in fundraising or service events. (Refer to Page 2)

Once approved, students must:

1. Consistently pass all classes on progress reports and report cards throughout the entire school year.
2. Consistently attend all MHS Band rehearsals and performances throughout the entire school year.
3. Actively participate in MHS Band fundraisers throughout the entire school year.
4. Be a positive and actively productive member of the MHS Band throughout the entire school year.
5. Encourage family members to participate in events and donate time in support of the MHS Band.

As a member of the Morgantown High School Band, **I understand what is expected of me and will make every effort to accomplish my goals.** I realize that if, at any point in the school year, **I do not meet the expectations of this contract, my family may be held responsible for 100% of the current year's costs.**

Student Name _____ Date _____
(Please Print)

Student Signature _____

Parent/Guardian Name _____ Date _____
(Please Print)

Parent/Guardian Signature _____

Auxiliary President Signature _____ Date _____

Auxiliary Treasurer Signature _____ Date _____