

CONFIDENTIAL



W. T. WOODSON BANDS

STUDENT APPLICATION FOR FINANCIAL ASSISTANCE

Student Name	
(Please Print)	
Address	
City	Zip Code
Parent/Guardian Name	
Home Telephone #	
Financial Aid requested (check): Band Registration	fee Fall/Spring Trip
Student's Year in School 9 th 10 th 11 th 12 th (Please circle one)	
Your family's anticipated contribution to this fee/trip	cost: \$
Parent's preferred payment schedule M	Ionthly Bi-Monthly
Parent Signature	Date
Approved:Band Director's Signature	Date
Acknowledged:Band Patron Board Member	Date

It is requested that the family participate in the individual fund-raisers, if possible. These include the purchase of grocery scrip or Great Lakes Scrip. This is an easy way to raise money for the WTW General Band account. It is also expected that the student will participate in Tag Day, Fruit Sale, July 4th parade, DCI and other Band department fund-raisers and any service opportunities for students as well as parents. Financial aid will be considered only for students in good standing in the band program and may be withdrawn if the student does not fulfill their band commitments or participate in fundraising or service events.