

WFHS Band Scholarship/Financial Aid Application
For music activities by other organizations

Student Name: _____ Date: _____

Parent/Guardian Names: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Name of Activity: _____

Hosting Organization: _____

Dates of Activity: _____

How will this activity support your music education? _____

What is the cost of the activity you are requesting? \$ _____

What is the amount of financial aid you are requesting? \$ _____

****All scholarships must be paid by the WFHS Band Boosters directly to the outside organization. Do NOT pay out of pocket and then request a reimbursement.*

Please indicate the reason for your request:

- ☐ My WFHS FairShare account is paid in full and I have fundraised above the necessary amount.
- ☐ Student is eligible for free lunch through WCPSS
- ☐ Change in employment or household income
- ☐ Other financial difficulties (medical bills, bankruptcy, etc.)
- ☐ Unable to participate in fundraising due to work, disability, etc.
- ☐ Multiple siblings participating in the activity
- ☐ Other: _____

I agree to provide documentation to the WFHS Band Booster Board if requested. All documentation will be reviewed in strict confidence and returned.

Parent Signature: _____ Date: _____