

WFHS Band Scholarship/Financial Aid Application
For WFHS Band Activities

Student Name: _____ Date: _____

Parent/Guardian Names: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

I am asking for assistance in offsetting the cost of:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Winter Guard |
| <input type="checkbox"/> Spring Trip | <input type="checkbox"/> Other: _____ |

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

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

Please indicate the reason for your request:

- ☐ 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: _____