



**Sherwood High School Band Booster Club
Scholarship Request Form 2013-2014 School Year**

**APPLICATION MUST BE MAILED TO: Sherwood Band Boosters c/o L. Karceski-President,
18400 SW Timbrel Lane, Sherwood, OR 97140 AND POST MARKED BY DATE DESIGNATED BELOW.**

The SHS Band Booster Club strives to provide an opportunity for every student to participate and thrive in the many different programs offered. This request form is to be used for families with a financial hardship to help with participation fees. Please answer the following completely and honestly.

Student Name _____ Grade: _____ Date: _____

Parent/Guardian Name: _____ Email/Phone _____

Program Applying for:

- ____ Marching Band (Application must be post-marked by August 1, 2013)
- ____ Color Guard (Application must be post-marked by August 1, 2013)
- ____ Winter Percussion (Application must be post-marked by December 1, 2013)

Amount of Fee: \$ _____

Amount of Scholarship Requested: Partial \$ _____ Full \$ _____

Reason for Scholarship Request: (Circle) Job Loss Medical Other

Briefly Explain Your Circumstance: *(use additional paper if needed)*

Do you qualify for the reduced lunch program or Food Stamps? YES NO (Circle)

Do you plan to participate in fundraising opportunities through SHS Band Boosters?

YES NO (Circle)

Please describe why Band/Color Guard is important for your child.

X

Parent or Guardian

Your application will be reviewed by three executive SHS Band Booster Club board members. The information provided will be kept in the strictest of confidence and only be used in determination of your application. Funds will be appropriated based on availability. Students and parents are encouraged to participate in Fundraising opportunities to help reduce fee obligations.