RaymorePeculiar Band Boosters

Band Fees Financial Assistance Request

Parents/guardians of band students may request financial assistance to pay band fees. Requests will be reviewed by the Band Booster Executive Board and band directors. Approval for financial assistance will be based on need and the availability of funds. This form must be turned in by **October 1st** of each school year.

If you have questions, please contact Jennifer Gibson at Jennifer.Gibson@raypec.org or call 816-892-1428.

Personal Information				
Student's First Name:		Last Name: _		
Grade Level in School:	Instrument:			
Which band classes does the student participate in? Output Which band classes does the student participate in? Output Output Which band Symphonic Symphonic Band Concert Band Percussion Ensemble Other:				
Parent/Guardian Name:		Phone:	:	
Home Address:		City	State	Zip
Email Address:				
	Fundraising	& Volunteer Servic	e	
List the Band Booster provide	d fundraisers you and/	or your child have μ	participated in:	
List the ways you have volunte	eered your time and se	ervice for the band	program:	

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Financial Assistance Request

Additional Information

Please provide us with a short background of your site Band Boosters:	uation and why you need financial assistance from the
Band Boosters:	
Re	equest
What amount are you requesting from the Band Boos	ters to use toward band fees? \$
requesting assistance to help fulfil a real financial nee with band. I understand that the funds available to the request may be denied even though the need exists. I responsible to pay band fees. I understand the Band I	provided on this application is truthful and accurate. I amed for help paying some or part of the costs associated a Band Boosters to provide this service are limited and my I understand that if my request is not approved, I am still Boosters are not a bank and are only providing this The Band Boosters may choose to discontinue this service
Parent/Guardian Signature	Date

Return this form to Jennifer Gibson, Band Director.