



FINANCIAL ASSISTANCE/SCHOLARSHIP APPLICATION

Limited funds are available to assist students in the Arapahoe Band Program. Assistance should be requested only after families have explored other options. Families who receive assistance agree to support the mission and purpose of the organization. All applications are kept strictly confidential. Assistance is available for Arapahoe High School students only.

Family information

Student: _____

Grade: _____ Bands/Groups: _____

Parent/Guardian #1: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian #2: _____

Address: _____

Phone: _____ Email: _____

Expected actions prior to requesting assistance

Submittance of this application acknowledges that the family has explored other funding options, including but not limited to:

- Participation in ABB programs which provide rebates for individual student fees (i.e. Shop With Scrip)
- Assistance from extended family
- Setting up a payment plan through the Treasurer

Reason for request of waiver

(Medical/Employment/Income/Other)

Please explain in detail below or attach written explanation

I am requesting assistance with the following costs

- Marching Band/Color Guard Fees
- School Band Fees (Concert Band, Symphonic Band, Wind Ensemble, Jazz Band)
- Winter Percussion Fees
- Winter Guard Fees

Amount Requested (this does not guarantee award amount) \$ _____

I understand that assistance/scholarship funds are limited and partial. Assistance/scholarship funds are awarded within two weeks of each application deadline:

- **August 15:** Marching Band/Color Guard
- **October 15:** School Bands (Concert Band, Symphonic Band, Wind Ensemble, Jazz Band)
- **December 15:** Winter Guard & Winter Percussion

Deadlines are subject to change. New applications are considered each deadline. Supply and demand vary from season to season.

I understand that any award granted this season does not guarantee any future award. I understand that assistance does not include the costs of uniform items, instrument rental or accessories, fines incurred by my student, or the costs of any optional trips or activities.

Parent/Guardian Signature

Date

Mail completed applications to ABB, P.O. Box 2612, Littleton CO 80161-2612. Applications will be reviewed by scholarship/assistance committee and you will be notified of the decision.

For ABB Use Only
 Scholarship awarded: \$ _____ Date reviewed: _____
 Scholarship denied reasons: _____
 Treasurer notified: _____ Family notified: _____