

## **Fighting Indians Band Boosters, Inc**

### **Band Camp Scholarship Contract & Policies**

1. Funds are available to all members of the band in need of financial assistance to cover the cost of band camp. Applications will be reviewed by the Band Directors and the Finance Committee of the Fighting Indians Band Boosters in the strictest of confidence. The scholarship amount will be based on the financial need of each individual student subject to the availability of funds.
2. Applications will be approved on the merits of the content of the individual application as follows:
  - A. Each applicant must be considered to be a fully participating member of the band in good standing.
  - B. Each applicant must establish a definite need and document circumstances that establish reasonable need or hardship.
  - C. Failure to provide accurate or adequate information will be cause for the application to be denied.
  - D. Past participation in school / band activities including volunteer activities and fundraising participation on the part of the student and parent.
3. The student and parents are required to participate in the Fair Share Fundraising Program on an ongoing basis.
4. Parents are expected to be current participating members of the "Fighting Indians Band Boosters, Inc." and expected to contribute their efforts in fundraising and volunteer hours throughout the school year.
5. Failure on the part of the student and/or parent to comply with the above policies will establish proper cause to revoke the scholarship and require repayment of funds. In addition, such failure will

disqualify the student from any future scholarship. In this event, unpaid balances will be turned over to the school administration for collection.

6. It is expected that scholarships be fully or partially repaid to the extent possible over the course of the school year. Monthly or periodic payments may be made at any time.
7. It is the policy, to the extent possible, of the Vero Beach High School Band that no student be denied participation in the normal activities of the band on the basis of financial status. Normal activities of the band do not include optional trips or events.
8. Scholarships do not include cleaning fees, shirts, shorts, shoes or any specialty percussion or flag corps accessory items.

By applying for this scholarship I agree to the above requirements.

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Parent Signature

Date

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Student Signature

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_

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Notary Public  
State of Florida

My Commission expires: \_\_\_\_\_

**FIGHTING INDIANS BAND BOOSTERS GENERAL BAND AND  
FLAG CORPS  
BAND CAMP SCHOLARSHIP APPLICATION**

FIGHTING INDIANS BAND BOOSTERS, INC

**Application for New Students  
Band Camp Scholarship  
(Confidential)**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Grade for coming year \_\_\_\_\_ Student ID # \_\_\_\_\_

Instrument \_\_\_\_\_ Flag Corp \_\_\_\_\_

List any jobs or work that you have done for pay \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was the money from these jobs spent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you employed now? \_\_\_ Yes \_\_\_ No If yes, how many hours per week? \_\_\_\_\_

Place of  
Employment \_\_\_\_\_

How did you & your family contribute to the Fundraisers for the 2005-2006 year for the OMS / GMS Band or other school fundraisers that you participated in at your school? Please be specific about the fundraisers, amount of dollars raised, units sold, and any volunteer hours served.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you reside in: \_\_\_\_\_ two parent home \_\_\_\_\_ single parent home

Father's Name or Male Guardian:

\_\_\_\_\_

Mother's Name or Female Guardian:

\_\_\_\_\_

Number of dependent children in the home: \_\_\_\_\_

Number of dependent children in college: \_\_\_\_\_

Annual gross family income (before taxes) **STRICTLY CONFIDENTIAL!**

Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

**Please include and attach a detailed letter signed by both the student and parent or guardian stating specifically the circumstances and reasons you are requesting financial assistance.**

I certify and attest that all information contained in this application is correct to the best of my knowledge as of this date. I understand that failure to provide accurate information will nullify this application.

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Student Signature

Date

I have read this application to the best of my knowledge certify and attest that all information is correct as of this date. I understand that failure to provide accurate information will nullify this application.

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Parent Signature

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_

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Notary Public  
State of Florida

My Commission expires: \_\_\_\_\_

**Director Use Only**

\_\_\_\_\_ Scholarship Approved

\_\_\_\_\_ Amount Awarded

\_\_\_\_\_ Contract Signed

\_\_\_\_\_ Parent Meeting