

**MONROVIA WILDCAT BAND BOOSTER CLUB
FINANCIAL ASSISTANCE APPLICATION**

Parent/Guardian: It is the intent of the Music Department and the Band Booster Club to enable all Band students' full participation in band activities. Families experiencing financial hardship may request assistance for the _____ school year, by completing and submitting this form to the Band Booster President or mailing it to the Monrovia Wildcat Band Booster Club, P.O. Box 1122, Monrovia, CA 91017. Once this form is received it will be reviewed by the Board and the Music Director who will discuss and determine what assistance is appropriate and within the limits of the budget. If applying for financial aid for more than one child, separate applications must be submitted for each child. All applications will be treated in strict confidence by the Board Members and the Band Director.

Please print clearly:

Student Name: _____ Grade _____

Requested by: _____ Phone: (____) _____

Address: _____

Reason for request:

Installment Plan:

Weekly	\$ _____	Start date _____	End date _____
Semi Weekly	\$ _____	Start date _____	End date _____
Monthly	\$ _____	Start date _____	End date _____

Note: Families may request up to 50% of fees to be covered through financial assistance. The remaining portion must be paid directly.

Parent/Guardian Signature

Date

FOR OFFICIAL USE ONLY

Date of Board Review: _____

Amount of fee waived: \$ _____

Installment Plan approved _____

Band Booster President

Director

Copies to: Treasurer and Applicant