**Policy for Liberty High School Band Boosters Financial Aid**

**Qualifying Relationship**

Liberty High School Band Booster Financial Aid is available to **band & fall color guard students** of Liberty High School upon the recommendation of the Director of Bands and review of the Executive Board. This means students who are enrolled in band class at Liberty High School and are active in the band program.

**Financial Aid**

Parents/Guardians must notify the Director of Bands in writing as soon as a situation arises that prevents the timely payment of dues. A written agreement will be provided for both the parents/ guardians and director to sign noting the terms of payment and/or financial aid.

Financial aid will be awarded based on the ability of the booster organization to financially grant it, with the recommendation of the Director of Bands and review of the Executive Board. All aid or fee waivers must be requested and granted annually. Financial Aid is to be used for dues/fees for Marching Band. They will not be issued for general items such as reeds, mouthpieces, repairs, shoes, clothing, concert tickets, banquets, special events, or trips.

When financial aid is granted, it is expected that the student and their family participate in fundraising activities as much as possible. Any funds earned will be deposited directly into the booster general fund in payment of fees. *Any student and/or family that does not participate in fundraising will reduce their chances of receiving financial aid in the future*.

**Financial Aid Criteria**

* Application for this aid is open to any current band student of Liberty High School
* Student must have good attendance in band class and performances
* Student and/or parent/guardian must give a minimum 40 hours volunteer time to the Liberty High School Band Boosters within the next 12 months
* Financial Aids are **need-based** (not performance) and families should be able to give a description of the financial aid needs to the Director of Bands.

**Procedure**

1. Read through all of this information carefully
2. Fill out and sign the Financial Aid Application and the Financial Aid Agreement forms and return them to the Director of Bands.
3. The Director of Bands and the Executive Board will review applications and determine the awardees; families will be contacted via email with contract.

**CONFIDENTIALITY STATEMENT:**

***All information that you provide regarding your financial circumstances will be read ONLY by the Director of Bands along with the Band Booster President and Treasurer and will be held in the strictest confidence.***

***Please read the Financial Aid Policy before completing this form. Form must be completed to be considered****.*

# LHS Band Booster Financial Aid Application

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian(s) Requesting Financial Aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Financial Aid Amount Requested: $\_\_\_\_\_\_\_\_\_**

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

**Parent/Guardian Employment Information**

Parent/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check applicable items to indicate financial need**

Student participates in Free and Reduced Price School Meals Program (Y/N) \_\_\_\_\_ Number of people living in household: \_\_\_\_\_\_

Change to household income or employment (explanation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other financial difficulties (explanation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that the above information is true, correct, and complete:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of aid approved $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reduced payment plan details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extended payment plan details: (full fee, longer payment period): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request declined (reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_