

# Fowler Middle School Falcon Band Boosters Private Lesson Financial Aid Application

## Policy Statement:

The Fowler Middle School Band Boosters have a specific amount of funds budgeted for the purpose of **supplementing** instrumental private lessons at Fowler Middle School. Only current and qualified Fowler Middle School Band members are eligible. This program is designed to **MATCH HALF** of the current private lesson price of \$18.00. The recipient of these lessons is responsible for the **OTHER HALF** (\$9.00) of each weekly lesson. The recipient needs to make their portion of the payment at each weekly lesson to their private teacher.

## Criteria For Selection:

- (1) Demonstrate a financial hardship that would prevent payment of the full amount.
- (2) Demonstrate a willingness to practice for every lesson, making weekly satisfactory progress as deemed by the lesson teacher and the band director.
- (3) Demonstrate a willingness to attend **ALL** private lesson sessions for the semester. Missed lessons will **NOT** be supplemented (Recipients agree to pay the **full price** for unexcused absences).
- (4) Be in good academic standing (ALL PASSING GRADES. Recipients failing any class will immediately forfeit their scholarship for the semester and must finish and pay for the semester's remaining lessons at full price.)
- (5) Participate in Fall Band Fundraiser
- (6) A parent must Volunteer time for at least 2 band events as listed in the Volunteer Form on the Band Booster Website.

For the sake of confidentiality, the Falcon Band Boosters have authorized Mr. Dunham to evaluate all applicants for selection.

As funds are limited, applications submitted for this scholarship are not in any way guaranteed acceptance.

Mr. Dunham will notify you via email after a decision on the application has been made.

If approved, Mr. Dunham will also notify the student's private teacher informing that you will be paying the reduced lesson price.

Mr. Dunham reserves the right to terminate any scholarship for criteria violations.

## Why are you requesting this financial assistance?

Single parent family

Unemployment of the primary household earner

Major Family illness

Other (please explain): \_\_\_\_\_

I, the undersigned, have read and understand the above information/Policy Statement and agree to its terms and conditions.

\_\_\_\_\_  
Student's Name: PRINTED

\_\_\_\_\_  
Instrument

\_\_\_\_\_  
Parent or Guardian's Name: PRINTED

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**NEW APPLICATIONS MUST BE SUBMITTED BY 4:00 P.M. THE 1ST FRIDAY OF THE MONTH.**