

LESSON SCHOLARSHIP APPLICATION

SIBLEY BAND



The Henry Sibley Band Boosters believe that every student should have the opportunity to participate in band lessons; regardless of financial concerns. Our goal is to remove barriers to student success and to support Sibley's band students as they learn new skills and develop their musicianship through bi-weekly private lessons. Therefore, the stated intent of the Booster Lesson Scholarship Program is to ensure that any student with financial difficulties is not denied the opportunity to participate in instrument lessons.

If you would like to apply for a Booster Lesson Scholarship, please read the Scholarship Guidelines listed below, and then fill out and sign the application. Incomplete applications cannot be processed; applications must include a parent or guardian's signature. You also choose the level of scholarship: there are two partial options in addition to the full scholarship option.

Note: If more than one student in a family is applying for a scholarship, submit a separate form for each individual. All scholarship applications will be reviewed and confirmed by the Henry Sibley Director of Bands.

SCHOLARSHIP GUIDELINES:

- 1.) Scholarship recipients pledge to work hard in their lessons. Your signature on this form is an expression of your agreement to do this.
- 2.) Scholarship recipients must participate in at least 2 fundraisers and/or complete volunteer service for the Sibley Band Program as directed by the Band Director.
- 3.) Scholarship recipients pledge to remain in the Band Program for the entire school year and are strongly encouraged to commit to the Band Program throughout their high school career.
- 4.) Upon receipt of the scholarship, students should compose a note to express their appreciation to the Band Boosters and to any donors to the Lesson Scholarship Program from our community.

Student Printed Name: _____ Signature: _____

- Partial scholarship**----\$25/month for lessons every other week. --- Student responsibility = \$25/month
- Partial scholarship**----\$40/month for lessons every other week. --- Student responsibility = \$10/month
- Full scholarship** ----- \$50/month for lessons every other week. --- Student responsibility = \$0/month

Parent/Guardian Signature: _____ Date: _____

By signing the above, I agree to support and encourage my child to practice their instrument.

THIS AREA FOR OFFICE USE ONLY

SCHOLARSHIP GRANTED: YES / NO COMMENTS: _____

Director Approval Signature: _____ Date: _____