

**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.

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.

Parent Signature Date

Sworn to and subscribed before me this _____ day of
_____20_____

Notary Public
State of Florida

My Commission expires: _____

Director Use Only

_____Scholarship Approved

_____Amount Awarded

_____Contract Signed

_____Parent Meeting