

**FIGHTING INDIANS BAND BOOSTERS GENERAL BAND AND  
FLAG CORPS  
BAND CAMP SCHOLARSHIP APPLICATION**

FIGHTING INDIANS BAND BOOSTERS, INC

**Application for Returning 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 \_\_\_\_\_

Have you previously received a band camp scholarship? \_\_\_\_\_

If yes, did you repay all or part? \_\_\_\_ How much do you still owe? \_\_\_\_\_

How did you & your family contribute to the FIBB fundraisers for the 2005-2006 year?

Football Ads- # sold \_\_\_\_\_ Gift Wrap- Hrs. worked \_\_\_\_\_

Apples- Bags sold \_\_\_\_\_ Dodgertown – Hrs. worked \_\_\_\_\_

Ornaments- # sold \_\_\_\_\_ Perf. Arts Discount Books Sold \_\_\_\_\_

Other: \_\_\_\_\_

List any jobs or work that you have done for pay:

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How was the money from these jobs spent?

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Are you employed now? \_\_\_ Yes \_\_\_ No If yes, how many hours per week? \_\_\_\_\_

Place of Employment \_\_\_\_\_

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: \_\_\_\_\_

Do you receive or qualify for Free or Reduced Lunch? \_\_\_\_\_

Please include and attach detailed letter signed by both the student and parent or guardian stating specifically circumstances and the 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