

LNHS ORCHESTRA FINANCIAL ASSISTANCE APPLICATION FORM

2016-2017 School Year

Please Print or Type:

Student: (Last) _____ (First) _____ Grad Year _____

Parents: (Parent 1) _____ (Parent 2) _____

Family Home Phone: _____

Parent 1 Email: _____ Cell Phone: _____

Parent 2 Email: _____ Cell Phone: _____

Street Address: _____ Zip: _____

Please check the form of assistance you are applying for (ONLY ONE form of assistance will be awarded):

() Financial Assistance:

If an orchestra student qualifies for LNHS school text book and/or lunch assistance, he/she also qualifies for orchestra fee assistance. The orchestra scholarship program will pay half of a student's class quota & instrument/equipment rental fee provided student pays or fund-raises the remaining balance. To receive the 50/50 assistance - paper work must be on file with the LNHS treasurer and a request made in writing (the return of this form) to the orchestra director. (Eligibility will be verified through the LNHS Treasurer in October.)

To receive LNHS Band Financial Assistance:

- This Financial Assistance Application form must be on record with the Performing Arts Secretary.
- Timely payments must be applied to student account balances or parent and student participation in fundraising and volunteer opportunities.
- Text book/reduced lunch application must be on file with the LNHS treasurer (forms can be obtained from the LNHS treasurer, Pearl McQueenie. If you do not have this form or need assistance in filling it out please contact Mrs. McQueenie at pearlmcqueenie@msdlt.k12.in.us or 964-7770.)

() Sibling Reduced Fee Scholarship (List siblings below – one form per family.)

If two students from the same family participate in the LNHS orchestra program, each student will pay reduced class quotas. Quotas will be reduced by 30%. There will be no reduction for instrument/equipment rental.

List Siblings: (Last) _____ (First) _____

(Last) _____ (First) _____

(Last) _____ (First) _____

I understand that I must fill out a LNHS Orchestra Financial Assistance Application Form for EACH SCHOOL YEAR that I wish to qualify for assistance. This form will apply to the school year referenced at the top of this page, and I will need to RE-APPLY next fall for scholarships to continue next year.

I further understand that scholarships WILL NOT be awarded retroactively.

Parent Signature: _____

Date: _____