



Southridge High School Music Boosters Educational Assistance Fund Application

Instructions

1. Please print clearly the following information.
2. Turn in completed application to the lock box in either the band or choir room.
3. If this form is incomplete, inaccurate, or not signed, it will not be considered.
4. Please complete one application for each event or activity, prior to the activity.

Personal Information

Student Name: _____

Parent Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred means of contact:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Event or activity for which Educational Assistance funds are requested:

_____ (date of event) _____ (name of event)

Cost of event: \$ _____ Amount requested: \$ _____

Have you participated in any Southridge Music Booster sanctioned fundraisers in an attempt to raise these funds? **Y / N**

Do you have a balance owing on your Student Account? **Y / N** Amount: \$ _____ (this can be verified for you)

Signature: _____ Date: _____

***Limited funds are available, we will do our best to accommodate those students with the greatest need.
Every effort will be made to consider this request in a confidential manner.***

Approvals (Official use only)

Instructor Approval (is student eligible to participate?)

_____ (name) _____ **Y / N**
(eligible)

Executive Board (must receive minimum 75% approval)

_____ (name) _____ (Board position) _____ **Y / N**
(approval)

_____ (name) _____ (Board position) _____ **Y / N**
(approval)

_____ (name) _____ (Board position) _____ **Y / N**
(approval)

_____ (name) _____ (Board position) _____ **Y / N**
(approval)

Amount approved: \$ _____ Date student account funded: _____ Date recipient notified: _____