

Financial Aid Policy

(Revised 7/18)

- I. Financial Aid is NOT automatic and is at the discretion of the Orchestra Executive Board. The OEB will use a rubric scale to grade the financial application submitted.
- II. Financial Aid is ONLY given to students currently enrolled in orchestra for assistance toward year end competition or clinic trips. (The Guild does not provide assistance with event ticket cost, uniform cost, or meal cost.)
- III. **Application and Policy Acknowledgement are DUE 7 days** before the first trip payment is due.
- IV. **NO LATE APPLICATIONS WILL BE CONSIDERED.**
- V. The financial aid fund will be determined for each school at the beginning of each school year based on budgeted funds available.
- VI. Parents and students are expected to participate in at least 1 fundraiser and attend 2 parent meetings during the course of year. Sign in sheets will be available at these events. **(Please keep a record of these as you will be asked to give specific dates and times of your participation on your application.)**
- VII. Financial Aid is available 1 time for each school that your student is enrolled in orchestra.

Policy Acknowledgement

Please acknowledge below that as the parent or guardian that you have read and understand the Financial Aid Policy above.

STUDENT NAME

ADDRESS

EMAIL

PHONE #

PARENT SIGNATURE

DATE

Return with Financial Aid Application

Johnson City Schools Orchestra Guild

Financial Aid Application

(Revised 7/18)

School _____

Application Date _____

Trip _____

Grade _____

Amount Requested _____

Have you requested financial aid in the past? Yes No

If yes, date(s) _____

Please list dates of parent meetings you attended in the past year. (Exclude 5th grade parents.)

Please list dates, times, and events you as a **PARENT** have volunteered your time and talents to the orchestra program. (Include concert attendance.)

Please list dates, times, and events the **STUDENT** has volunteered their time and talents to the orchestra program. (Include concert attendance.)

Does your student plan to continue in the orchestra program beyond this year? Yes No

Please list the ways you feel that you and your student may be able to volunteer in the future.

Student Name

Parent Signature

Date

Email (Print Clearly)

Phone #