



REQUEST FOR SCHOLARSHIP

All Scholarship requests are to be turned into the Director of Vocal Music thirty days prior to the payment deadline or final payment deadline. The decision to award funds will be made by the executive board of the Choir Boosters based on the recommendation of the Director of Vocal Music.

THIS REQUEST IS CONFIDENTIAL. YOUR IDENTITY WILL NOT BE SHARED BEYOND THE DIRECTOR OF Vocal MUSIC, THE BOOSTER PRESIDENT, AND THE STUDENT ACCOUNT TREASURER.

Please print clearly or type all information below

Date (application must be turned into the director 30 calendar days prior to payment deadline): _____

Student Name: _____ ID #: _____

Type of event: Show Choir Competition Musical Cast Fee
 Vocal Music Semester Fee
 Other (please describe): _____

Amount of assistance requested: \$ _____

List reasons and/or circumstances for requested financial assistance:

Please list fund-raisers you have participated in this year:

	Amount Raised: \$
	Amount Raised: \$
	Amount Raised: \$
	Amount Raised: \$
	Amount Raised: \$

How much money will you be able to contribute to attending this event: \$ _____

Please list any scholarships you have received in the past:

Trip & Year	Amount Received: \$
Trip & Year	Amount Received: \$
Trip & Year	Amount Received: \$
Trip & Year	Amount Received: \$

Parent Signature

Student Signature

Date received by director: Booster President: Approve/Deny. Student Account Treasurer: Approve/Deny	NOTES:
---	--------