

Parcells Band & Orchestra

Request for Scholarship Funds

Student Name _____ Instrumental Class _____

Street Address _____ City/Zip _____ Phone _____

Amount Requested \$ _____

Funds are being requested for:

_____ Private Lessons Teacher Name _____ Phone _____ Lesson Fee \$ _____

_____ Summer Music Camp Camp Attended _____ Contact _____ Cost \$ _____

_____ Band & Orchestra Trip Payments Made: \$ _____ \$ _____ \$ _____ \$ _____

_____ Other Activity Describe _____

Parent's Name _____
(Please Print)

Parent Signature _____ Date _____

OFFICE USE ONLY

Funds Available \$ _____
Amount Granted \$ _____
Date Submitted _____
Remaining Balance \$ _____