

# **VERO BEACH HIGH SCHOOL BAND** **ACTIVITY FEE SCHOLARSHIP APPLICATION**

## **Application for NEW Students** ***Confidential***

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Middle School Attended \_\_\_\_\_

Grade for Coming Year \_\_\_\_\_ Student ID # \_\_\_\_\_

Marching Instrument \_\_\_\_\_ Concert Instrument \_\_\_\_\_

Have you previously received a band scholarship? (circle one)      YES      NO

How did you & your family contribute to the Fundraisers for the previous school year for the OMS / GMS/SGMS Band or other school fundraisers that you participated in? Please be specific about the fundraisers, amount of dollars raised, units sold, and any volunteer hours served.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any jobs or work done for pay (student) \_\_\_\_\_

\_\_\_\_\_

Are you employed now (parent)?      YES      NO      If yes, how many hours per week? \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Annual gross family income (before taxes) **STRICTLY CONFIDENTIAL!**

Parent/Guardian \$ \_\_\_\_\_      Parent/Guardian \$ \_\_\_\_\_

**Fighting Indians Band Boosters, Inc**  
Band Activity Fee Scholarship Policies

1. Funds are available to all members of the band in need of financial assistance to cover the cost of the band activity fee and uniform cleaning fee. Applications will be reviewed by the Band Directors and the Finance Committee of the Fighting Indians Band Boosters in the strictest of confidence. The scholarship amount will be based on the financial need of each individual student subject to the availability of funds.
2. Applications will be approved on the following:
  - A. Each applicant must be considered to be a fully participating member of the band in good standing.
  - B. Each applicant must establish a definite need and document circumstances that establish reasonable need or hardship.
  - C. Failure to provide accurate or adequate information will be cause for the application to be denied.
  - D. Past participation in school / band activities including volunteer activities and fundraising participation on the part of the student and parent.
3. The student and parents are required to participate in FIBB Fundraisers on an ongoing basis.
4. Parents are expected to be current participating members of the Fighting Indians Band Boosters, Inc. and expected to contribute their efforts in fundraising and volunteer hours throughout the school year.
5. Failure on the part of the student and/or parent to comply with the above policies will establish proper cause to revoke the scholarship and require repayment of funds. In addition, such failure will disqualify the student from any future scholarship. In this event, unpaid balances will be turned in to school obligations.
6. It is the policy, to the extent possible, of the Vero Beach High School Band that no student be denied participation in the normal activities of the band on the basis of financial status. Normal activities of the band do not include optional trips or events.
7. Scholarships do not include shirts, shorts, shoes or any specialty percussion or color guard accessories. Any student needing assistance obtaining these items should indicate this below.

By applying for this scholarship, I agree to the above requirements.

I certify and attest that all information contained in this application is correct to the best of my knowledge as of this date. I understand that failure to provide accurate information will nullify this application.

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Student Signature	Date
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I have read this application to the best of my knowledge certify and attest that all information is correct as of this date. I understand that failure to provide accurate information will nullify this application.

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Parent Signature	Date
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**Accessory Assistance**

The VBHS Band has a limited number of gently used band shirts and shorts that are available to students who need assistance. If you need assistance, please indicate below.

\_\_\_\_\_ I need assistance

\_\_\_\_\_ I do not need assistance

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate which items you need and size:

\_\_\_\_\_ Band Polo Shirt                      Size: \_\_\_\_\_

\_\_\_\_\_ Band Shorts                              Size: \_\_\_\_\_

\_\_\_\_\_ Gray Band T Shirt                      Size: \_\_\_\_\_

\_\_\_\_\_ Black Marching Shoes                      Size: \_\_\_\_\_

\_\_\_\_\_ Color Guard Polo Shirt                      Size: \_\_\_\_\_

\_\_\_\_\_ Color Guard Jacket                      Size: \_\_\_\_\_