

**Roswell High School Band Boosters Association
Payment Plan / Financial Aid Application**

APPLYING FOR: 1. Monthly Payment Plan: _____ Months @ \$ _____ per month
2. Financial Aid in the amount of: \$ _____

When evaluating Financial Aid to Band and Color Guard students the RHSBBA Executive Board will consider:

- Need of financial assistance
- Active Participation in band activities
- Active Participation of parent/guardian in band volunteer and fundraising activities
- Positive behavior of student
- Availability of RHSBBA funds to support financial assistance requests

All information is kept in the strictest of confidence.

Please complete all requested information and return to the RHSBBA President or RHSBBA Treasurer. This can be in person, by placing it in a sealed envelope marked "Application" and putting it in the band room safe, or by mailing it to RHSBBA President, 885 Woodstock Rd. STE 430-144, Roswell, GA 30075

Student Name _____ **Grade** _____

Address _____

Home Phone#(_____) _____ **Cell Phone#**(_____) _____

Mother/Guardian Name(please print) _____

Mother/Guardian email address* _____

Mother/Guardian Address only if different from Student _____

Mother/Guardian Phone _____

Father/Guardian Name(please print) _____

Father's email address* _____

Father/Guardian Address only if different from Student _____

Father/Guardian Phone _____

Only complete this additional information if you are applying for Financial Aid:

Place of Employment Mother/Guardian: _____

Is Employment seasonal, full time, or part time? _____

Place of Employment Father/Guardian: _____

Is Employment seasonal, full time, or part time? _____

Annual Income _____ **Number of People in household** _____

Number of students in band _____ **Amount you are applying for \$** _____

Specific hardship situation where additional information can be provided:

I understand that my signature indicates that all stated information in this document is accurate to the best of my knowledge.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

***You will be notified by mail / email of Financial Aid eligibility**

*** For Committee Use Only***

___ MB or CG + CB ___ CG only ___ CB only ___

___ Yes, this student is recommended for sponsorship AMOUNT \$ _____

___ No, this student is not recommended for sponsorship

RHS Band Director _____

RHSBBA Executive Board Member _____

Approval Date _____

Notification Date _____