

Roswell High School Band Boosters Association (RHSBBA)
Payment Plan Application 2021-22

All information is kept in the strictest of confidence. Please complete all requested information and return to the Booster President (do not turn this form in to a Band Director). You can submit this form through email to president@roswellband.com or by placing it in a sealed envelope marked "Application" and mailing it to RHSBBA 885 Woodstock Rd. STE 430-144, Roswell, GA 30075.

Student(s) Name	
Address	
Phone	
Email	
Grade	
Applying for Marching, Classroom, WG or IDL?	
Mother/ Guardian Name	
Mother/ Guardian Phone	
Mother/ Guardian Email	
Mother/ Guardian Employment	
Full or Part time?	
Father/ Guardian Name	
Father/ Guardian Phone	
Father/ Guardian Email	
Father/ Guardian Employer	
Full or Part time?	
Number of People in Household	
Plan Applying For (A,B,C choices listed below)?	

Payment Plans:

Plan	Deposit 5/15/20	Payment	# of Mthly Installments	Payment Dates	Total Pd
A	50	\$149	5	Jun 1-Oct 1	\$795
B	50	\$186.25	4	Jun 1 - Sep 1	\$795
C	50	\$248.33	3	Jun 1 – Aug 1	\$795

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
- Availability of RHSBBA funds to support financial assistance requests

Specific hardship situation where additional information can be provided:

Parent's/Guardian's Declaration

I declare that I have read this form/ has been read to me and I hereby confirm that the information given herein is true and to the best of my knowledge.

Mother/ Guardian Signature

Date

Father/ Guardian Signature

Date

Please Note: The filling of an application for Financial Assistance, does not guarantee that a student will receive Financial Aid. Financial Aid is very limited, and its receipt is upon the availability of funds and the number of students that apply for Financial Assistance. You will be notified by mail / email of Financial Aid eligibility

*** For Committee Use Only***

RHS Band Director _____

RHSBBA Executive Board Member _____

Approval Date _____

Notification Date _____