

**Myers Park Marching Mustangs
Financial Aid Application Form
2008-2009 Band Year**

STUDENT'S NAME: _____ GRADE: _____

HOME ADDRESS:

Street	City	State	Zip
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HOME PHONE: _____

PARENT / LEGAL GUARDIAN'S NAME: _____

PARENT'S EMPLOYER'S NAME AND PHONE NUMBER:

NUMBER OF PEOPLE IN HOUSEHOLD _____ NUMBER OF STUDENTS IN BAND _____

GROSS MONTHLY INCOME (before taxes): _____

REASON FOR FINANCIAL AID REQUEST _____

DO YOU CURRENTLY OWE ANY MONEY FROM LAST YEAR TO MPBB? ____ Yes ____ No

WHAT PART OF THE BAND FEES WILL YOU BE ABLE TO PAY? – this amount CANNOT be zero. \$ _____

Are there any other pertinent financial or medical circumstances that the band should take into consideration? If so, please explain.

Verification and Authorization:

I certify that all of the above information submitted is true and correct, and that all income is reported. I understand that this information is being given in order for my child to be considered for financial aid by the Myers Park Band Boosters, and that Band Booster officials may verify the information on the application. Further, any deliberate misrepresentation of the information will result in an immediate denial of financial aid for the band student applicant.

The Myers Park Marching Band Boosters may use the information on this form only to assist in the determination of eligibility for financial aid. Any official in the Myers Park Marching Band Boosters organization may verify all the information on this form. I give up my rights to confidentiality for this purpose only.

Signed,

Parent or Legal Guardian

Name Printed

Relationship to Student

Date

Date Received by Boosters: _____

Date reviewed by Board: _____

Amount of aid rewarded: _____