



Request for Financial Assistance
Helping Hands Scholarship Fund

Parents/guardians of FMC members may request financial assistance to pay band fees. Requests will be reviewed by the Executive Board of the Marching Cavaliers Parent Association and the band director. Approval for financial assistance will be based on need and the availability of funds.

I. Personal Information *(Please print legibly)*

Student's Name _____

Grade Level _____ Instrument/Section _____

Parent/Guardian Name _____

Phone Number _____ Email _____

II. Explanation of Need

Describe the circumstances that make it difficult for you to pay band fees. You may include obligations to pay for other activities your student and his/her siblings will participate in this coming school year.

Please check applicable items to indicate financial need:

- Student participates in School Lunch Program
 - Change to Household Family Income or employment
- Please explain:

- Excessive Medical Bills
- Please explain:

- Other Financial Difficulties
- Please explain:

Please feel free to use additional paper as needed for explanations.

III. Which band activity does the student participate in?

- Marching Band
- Symphonic Band
- Other: _____
- Wind Ensemble
- Percussion Ensemble

IV. Request

What amount are you requesting from the Band Boosters to use toward band fees? \$ _____

V. Scholarship Agreement

By signing below, I am acknowledging the information provided on this application is truthful and accurate. I am requesting assistance to help fulfill a real financial need for help paying some or part of the costs associated with band. I understand that the funds available to the Band Boosters to provide this service are limited and my request may be denied even though the need exists. I understand that if my request is not approved, I am still responsible to pay band fees. I understand the Band Boosters are not a bank and are only providing this service, when possible, to help the families in band. The Band Boosters may choose to discontinue this service at any time.

Your signatures indicate that you agree to the terms of the application and understand what is expected if your application is approved.

- If I am a recipient of a scholarship, I agree to make every effort to maximize my contribution by attending sectionals, rehearsals, and performances. I will participate in all fundraisers in which student participation is expected. I understand that failure to fulfill these obligations may result in termination of my scholarship.

 Student Signature _____
Date

- As a parent/guardian, I agree to volunteer for three MCPA/FMC fundraising events. These include Drums Along the Boulevard, Tidewater Regional, Tag Days, and Craft Shows.
Require a minimum of volunteering for 4 hours at 3 major fundraising events.
- I will support my student by ensuring he/she is able to attend sectionals, rehearsals, and performances.
- If my student is no longer able to participate in the band programs this scholarship is being used for, I will repay any and all scholarship funds back to the MCPA.

 Parent/Guardian Signature _____
Date

Please return application to MCPA, P.O. Box 61367, Virginia Beach, VA 23466

Do not write below this line.

Financial Aid Application and Agreement has been: _____Approved _____Declined

Reason: _____

Signatures:

 Director of Bands PAHS and Date _____
Band Booster President and Date

A copy of the agreement will be given to you with the response from Band Boosters.