

CHAPARRAL HIGH SCHOOL FIREBIRD BAND

FINANCIAL NEED SCHOLARSHIP APPLICATION AND CONTRACT AGREEMENT

Student's NAME: _____
Parents' NAME: _____
Parent Phone _____
Parent E-mail _____

Activity: _____
Date of Activity: _____
Amount of Scholarship request: _____
Amount of Scholarship received: _____
Date Scholarship received: _____

As a recipient of the above funds, I, _____ [student name] and
_____ [My parent/guardian
name] agree to fully participate in all fundraising opportunities made available to me by the Chaparral High School Band program and the Chaparral Band Booster organization. My parents/guardian also agree to volunteer in some capacity to support the Chaparral High School Band program and the Chaparral Band Booster organization and fundraising. I also agree to participate in every rehearsal, and performance as required by the Chaparral High School Band Director. I must remain in good standing with the school and band program to qualify for and remain eligible for any financial scholarship. I also agree that if any of the above guidelines are not followed, I will no longer be eligible for any future financial scholarships during the course of my term at Chaparral High School.

_____ Student signature	_____ date
_____ Parent/guardian signature	_____ date
_____ Band Director signature	_____ date

Please print this form, fill in the proper names and signatures. Turn in to Mrs. Mireau in a sealed envelope with *Attention: Mrs. Mireau - Scholarship* printed on the outside of the envelope. This scholarship is to be given at the discretion of the Scholarship Committee. Your parents will be notified of your acceptance. The Scholarship Committee does not discriminate on the basis of race, color, and national or ethnic origin.

