

Lebanon Trail High School Band Boosters Personal Training Financial Aid Application



Policy Statement:

The Lebanon Trail High School Band Boosters primary purpose is to provide the highest quality musical experience possible for each and every student. A finite amount of funds have been budgeted for the purpose of **supplementing** personal training sessions at LTHS. Only current and qualified LTHS Band members are eligible. This program is designed to **MATCH HALF** of the current price of \$18.00. The recipient of these sessions is responsible for the **OTHER HALF** (\$9.00) of each weekly session. The recipient needs to make their portion of the payment at each weekly session to their personal trainer.

Criteria for Selection:

- (1) Demonstrate a financial hardship that would prevent payment of the full amount.
- (2) Demonstrate a willingness to practice for every session, making weekly satisfactory progress as deemed by the personal trainer and the band director.
- (3) Demonstrate a willingness to attend **ALL** personal training sessions for the semester. Missed lessons will **NOT** be supplemented. Recipients agree to pay the **full price** for unexcused absences.
- (4) Be in good academic standing (ALL PASSING GRADES. Recipients failing any class will immediately forfeit their scholarship for the semester and must finish and pay for the semester's remaining lessons at full price.)
- (5) Participate in Fall Band Fundraiser
- (6) A parent must participate on a committee and volunteer time for at least 4 band events.
 - For the sake of confidentiality, the LTHS Band Boosters have authorized Mr. Holzer to evaluate all applicants for selection.
 - As funds are limited, applications submitted are not in any way guaranteed acceptance. Mr. Holzer will notify you via email after a decision on the application has been made.
 - If approved, Mr. Holzer will also notify the student's private teacher informing that you will be paying the reduced lesson price.
 - Mr. Holzer reserves the right to terminate any scholarship for criteria violations.

Why are you requesting this financial assistance?

Single parent family

Unemployment of the primary household earner

Major Family illness

Other (please explain): _____

I, the undersigned, have read and understand the above information/Policy Statement and agree to its terms and conditions.

Student's Name: PRINTED

Instrument

Parent or Guardian's Name: PRINTED

Parent or Guardian's Signature

Date