



Lebanon Trail High School Trailblazer Band

Private Lesson Financial Aid Application 2024-25

Policy Statement:

The primary purpose of the Lebanon Trail High School Band Booster Association (LTHSBBA) is to provide the highest quality musical experience possible for each and every student. A limited amount of funds is available each year to supplement fees for private lessons for students who demonstrate financial need. This program is designed to **match half** of the current price of \$26. The recipient of this aid is responsible for the **other half** (\$13) of each weekly lesson. The recipient needs to make their portion of the payment to their private lesson teacher at each weekly session. You must reapply each school year.

Name of Student: _____ Date: _____

Instrument: _____ Lesson Teacher: _____

Name of Parent/Guardian Requesting Aid: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Expectation of Students and Parent/Guardian:

1. A parent/guardian will demonstrate a financial hardship that prevents the payment of the full amount.
2. The student will demonstrate a willingness to practice for every session, making weekly satisfactory progress as deemed by the lesson teacher and the Director of Bands.
3. The student will demonstrate a willingness to attend **ALL** private lessons for the semester. Missed lessons will **NOT** be supplemented. Recipients agree to pay the **full price** for any unexcused absences.
4. The student will attend all LTHS Band rehearsals and performances throughout the entire school year.
5. The student will actively participate in the LTHS Band fundraiser in the Fall.
6. The student will remain in good academic standing with all passing grades.
7. The parent/guardian will volunteer for at least three (3) band events during the year.

Confidentiality Statement:

All information that you provide regarding your financial circumstances will be read **ONLY** by the Director of Bands, along with the Band Booster President and Treasurer, and will be held in the strictest confidence. All applicants will be notified via email once a decision is made regarding your application. Your lesson teacher will also be notified that you will be paying the reduced lesson price.

Why are you requesting financial assistance?

☐ Single Parent Family

☐ Unemployment of the primary household earner

☐ Major family illness

☐ Other (please explain **without** giving any specific financial information about yourself):

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

Parent/Guardian's Name: PRINTED

Parent/Guardian's Signature

Date

FOR LTHSBBA USE ONLY

Approved by: _____ Date: _____

Notified via Email on: _____

Notified Lesson Teacher via Email on: _____