

MT. PLEASANT PUBLIC SCHOOL INSTRUMENTAL MUSIC BOOSTERS

APPLICATION FOR FINANCIAL ASSISTANCE

It is the belief of the Instrumental Music Boosters (IMB) that all students should be given the opportunity to participate in music related programs available to Mt. Pleasant Public School students. Concerns of ability to pay for programs should not be a deciding factor in making such choices. The IMB has limited funds available for students needing financial assistance.

If you have a financial need for assistance in funding an instrumental music program for your child, please complete this application and return it to the Vice President of the Instrumental Music Boosters Board. The application will be reviewed by a screening committee of three, composed of the Vice President of the IMB and his/her designees. **All information will be kept confidential.**

(Please print)

Student name _____ Assistance requested for academic year 2016-2017

Parent/Guardian name(s) _____ Phone (____) _____

Address _____ City/State _____ Zip _____

This request is for assistance with the cost of:

_____ Marching Band	(By Sept. 12, 2016)
_____ Solo and Ensemble	(Prior to event)
_____ Jazz Band	(By January 1)
_____ Winter Guard/Drumline	(By January 1)
_____ Summer Music Camp	(By June 1)
_____ Other (Please explain) _____	

The total cost of this program is \$ _____. I have already paid \$ _____ towards the fee.

Briefly explain why your child needs financial assistance. If you need additional space, please write on the back of this application.

*If your child is receiving free or reduced lunch, you may receive additional financial assistance from the Mt. Pleasant Public Schools for music programs. Do you wish to receive their application? _____ Yes _____ No

Do you give permission for the IMB vice president to verify your child's participation in the lunch program? ___ Yes ___ No

Would you/your child be willing to participate in fundraising events organized by the IMB? _____ Yes _____ No

Would you/your child be willing to assist with IMB responsibilities (i.e. chaperoning trips, helping with props for shows and concerts, Jazz nights, etc.)? _____ Yes _____ No

If there is additional information that you feel the screening committee should be aware of, please enclose it with this application.

Parent/Guardian Signature _____ **Date** _____

Please mail this application to: Matt Taton
1155 S. Elizabeth St.
Mt. Pleasant, MI 48858

June 2016