



Financial Aid Application

This program is designed for families who could not participate in the Kamiak High School performing arts activities without the financial assistance of the Boosters. Please note that although fundraising is a primary goal of the organization, funds are limited. Please apply only if your child would be unable to participate without funding. You may apply for a payment plan, a scholarship, or both in this single application.

Name of Student: _____

Parent/Guardian Name(s) _____

Address: _____

Parent Email: _____ Home Phone: _____

Program(s) for which you are currently enrolled, please circle all that apply.

Band	Winter Guard	Winter Drumline
Orchestra	Dance	Drama
Choir	Jazz	Color guard

Does your family qualify for free or reduced meals at school? (Check one box.)

- Reduced (generally qualifies for partial scholarship or loan)
- Free (generally qualifies for maximum scholarship or loan/scholarship combination)
- Neither program, but there are extenuating circumstances and financial assistance is needed.
(Please explain on the back of the application and the program financial aid committee will review and award a scholarship based upon need and available funds.)

Please read the statements below and initial each line certifying that you have read and understand the conditions.

- I wish to apply for financial aid from Kamiak Performing Arts Boosters.
- I agree to provide any necessary documentation.
- I understand that this scholarship/payment plan is for program participation, and that I may be required to pay additional fees related to instrument costs or personal costs incurred during travel.
- I will assure that my child attends all performances, practices and related activities.
- The student and the parent/guardian(s) agree to participate in all fundraising efforts to the maximum extent possible.
- I will complete a volunteer assignment form and assist in any way that I can.

I have read the above conditions and requirements and understand that these must be met in order to obtain financial aid from the Kamiak Performing Arts Boosters. Failure to comply with these guidelines will result in immediate forfeiture of balance of assistance and will preclude consideration for financial aid by the Kamiak Performing Arts Boosters in future years.

Parent Signature _____ Date _____



Financial Assistance Application 2016-17 Orchestra Program Fee

Date application issued _____ Date due **November 15, 2016**

Student Name: _____

Parent/Guardian Name(s) _____

2016 Kamiak Orchestra Program Fee (\$140 PS I & PS II, \$110 winds)

Student Activity Cost \$ _____

Total amount you can contribute \$ _____

Amount earned through fundraising \$ _____

(Entertainment Books, Holiday Fruit Sale, etc.)

Amount to be financed by KPAB \$ _____

Amount you are requesting as a:

Financial Aid	\$ _____	Not to exceed Director's guidelines (max \$75)
Loan	\$ _____	Must be paid by due date below

Loan Repayment Plan

\$ _____ amount due on _____

\$ _____ amount due on _____

\$ _____ Final payment _____

VISA & MasterCard are accepted -

I/we understand that this is a binding agreement between the Kamiak Performing Arts Boosters and us. We promise to uphold the agreement:

*Student Signature _____ Date _____

Parent Signature _____ Date _____

Director Signature _____ Date _____

Treasurer Signature _____ Date _____

** Student signature at the discretion of parent/guardian*