

COLUMBUS EAST BAND
FINANCIAL ASSISTANCE APPLICATION

Request for
 Fair Share
 Band Trip

This application is due by: December 31st

Mail to: Columbus East Band Boosters, PO Box 2563, Columbus IN 47202-2563

Family will be notified by a Board Member as to the amount of their assistance. **FOR APPLICATION CONSIDERATION, each family MUST attach a recent copy of their W-2 form and check stub for EACH wage-earner in the household.**

DATE OF APPLICATION: _____

FAMILY INFORMATION

NAME _____	ADDRESS _____
CITY _____	STATE _____ ZIP _____ PHONE _____
OCCUPATION 1 _____	WORK PHONE _____
OCCUPATION 2 _____	WORK PHONE _____
NAME OF DEPENDENT CHILD _____	AGE _____ GRADE _____ SCHOOL _____
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INCOME (NET AFTER TAXATION)

SALARY (YEARLY)	OTHER INCOME
FATHER _____	PENSIONS _____
MOTHER _____	INTEREST _____
OTHER _____	STOCKS _____
	RENTALS _____
TOTAL FAMILY INCOME _____	
AMOUNT ABLE TO CONTRIBUTE TO THIS ACTIVITY _____	

A REQUIREMENT OF THOSE RECEIVING FINANCIAL ASSISTANCE IS THAT THEY MUST PARTICIPATE IN FUNDRAISERS TO HELP RAISE MONEY FOR THEIR BAND EXPENSES AND/OR VOLUNTEERING THEIR TIME IN VARIOUS AREAS OF THE BAND PROGRAM.

_____ AS PARENT(S)/GUARDIAN(S), I/WE AGREE TO ACTIVELY SUPPORT THE COLUMBUS EAST BAND PROGRAM.
Please initial to accept. This is a requirement to receive assistance.