**Blue Valley West Band Boosters**

**Instructions to apply for Financial Assistance for 2016 Marching Season**

**Please turn in the completed application prior to July 1, 2016 for consideration by the Financial Assistance Committee.** Although there is no official deadline, the fund may become depleted and there may be very little money left for those who wait until a later date.

Each family should apply only once per marching band season and the total cost of being in the program for that year will be considered when awarding aid. The application form will be available at Forms Fest and on the band website at [www.bvwestband.com](http://www.bvwestband.com). Copies may also be requested from the Treasurer.

Eligible Fees and Maximum Assistance Possible:

Families may apply for ***up to 50%*** of required band fees. Actual amounts may vary (see details on following page).

 Fee Maximum

Eligible Fee Type Amount Assistance Available

Program Participation Fee $50 $25

Competitive Marching Band Fee $940 $470

Color Guard Fee $1,040 $520

New Marcher Fee $40 $20

The maximum amount that may be given to any student is 50% of the required band fees. No assistance will be given to help with optional expenses. Applicants must actively participate in ***individual fundraising*** opportunities provided by the BVW Band Boosters. Financial assistance is intended for families whose child(ren) would not be able to participate or for whom paying the required fees would cause significant financial hardship. Be sure that you meet these criteria before applying.

Completed forms should be mailed (or e-mailed) to the treasurer.

 Doug Davidson

 14820 Hayes St.

 Overland Park, KS 66221

 Phone: (913) 530-9221

 davidsons@kc.rr.com

Please confirm that the completed application has been received by the treasurer.

Those families receiving financial assistance will be notified prior to the date of the second required fee payment (July 24, 2016). The first payment must have be made in full before financial assistance is applied.

**Blue Valley West Band Boosters Association**

**Financial Assistance Processes & Procedures**

1. The Financial Assistance Committee exists for the purposes of disbursing the financial assistance funds of the Blue Valley West Band Boosters Association.
2. Funds for the Financial Assistance account will be raised through band fundraising activities as designated by the Executive Committee.
3. The financial assistance account is intended to support those students that would not otherwise be able to participate in the band program or for whom the program fees would cause a significant financial hardship for the family.
4. The Financial Assistance Committee will be comprised of:
	1. The Vice President–Operations (who will be the committee chair)
	2. One parent representative from each grade level (9-12). These representatives will be appointed by the Executive Committee of the Band Boosters.
5. To request assistance, a parent, guardian, or student will complete an Application for Financial Assistance form (attached) and submit it to the Treasurer.
6. The Treasurer will notify the VP-Operations of the receipt of a request so that the committee can be convened and will provide the completed request form, without name identification of the requestor, to the committee members for their review.
7. Guidelines for awarding financial assistance include;
	1. No more than 50% of the required annual program fees owed by a student may be covered by financial assistance
	2. Financial assistance cannot be used to cover optional fees or expenses.
	3. Applicants must actively participate in individual fundraising opportunities provided by the BVW Band Boosters.
	4. Actual amounts awarded by the Committee can vary based on the amount of available funds, the number of applicants, and individual situations.
8. All information presented to the committee and any discussions by the committee are to be considered confidential and may not be discussed outside of the committee meetings.

**Application for Financial Assistance**

**Blue Valley West Band Boosters**

NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your student qualify for the Free & Reduced Price Lunch Program? (Y/N) \_\_\_\_\_\_\_
2. Briefly describe your reason for requesting financial assistance:
3. List the fee payments you have already made:
4. List the student fundraising activities you have participated in: