



Swartz Creek Band Booster Application for Scholarship

Student Name: _____

Address: _____

Grade: _____

Age: _____

Phone Number: _____

Instrument: _____

Current Band Class: _____ Instructor: _____

Please list any other musical activities you are currently participating in, outside of your band class at school (i.e. private lessons, church band, etc.): _____

Please list the Swartz Creek Band Booster fundraising activities you have participated in during the past year: _____

For what purpose are you requesting a scholarship at this time? _____

Additional comments you would like the Swartz Creek Band Booster members to consider when making their decision: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Band Instructor Signature: _____

Date: _____

Please return this completed application to either Mr. Michailo or Mrs. Murdock. They will provide further instruction as to how and when to present your request to the Band Booster organization.

Band Booster Comments: