

**Band Scholarship**

Student's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please give a brief explanation of why you are requesting this scholarship.  
Please note, we do not need specific financial disclosure.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you able contribute? \_\_\_\_\_

**Are you requesting help with Marching Band or Ensemble fees?**

Marching Band \_\_\_\_\_ Ensemble fees: \_\_\_\_\_

*(Please indicate the amount you are requesting.)*

*Place in the white box.* Address it: **Attention SMHS Band Booster  
Treasurer**