



Summer Program Scholarship Application

Complete the application and deliver to the Band Director by March 1. Applications submitted after March 1 will not be accepted for consideration. Please print clearly.

Applicant Information

Applicant full name _____
 Home address _____
 Current grade level _____ Current band role _____
 In which band/dance/music related classes are you enrolled? _____
 Have you previously received a Summer Program Scholarship? Yes No (circle one)
 If so, how many? _____
 Parent/Guardian Full Name _____
 Parent/Guardian Email _____ Parent/Guardian Telephone _____

Summer Program Information

Program Name _____
 Program Dates Start Date _____ End Date _____
 Total Program Cost (without any discounts) \$ _____
 Early Registration Discount \$ _____ Discount Deadline Date _____
 Deposit Required for Registration \$ _____ Deposit Already Paid? Yes No
 Scholarship Amount Requested \$ _____
 Why I would like to receive a Summer Program Scholarship _____

Student Commitment Agreement

If I receive a Summer Program Scholarship award from the Riverview High School Kiltie Band Boosters, I understand and agree that the scholarship funds will not be disbursed until I submit a written Thank-You note to the Band Boosters organization (delivered to the Band Director). I also agree to submit a written 1-2 paragraph report to the Band Director about my experience at the summer program by September 15 of the same calendar year.

Student Signature _____

Parent/Guardian Commitment Agreement

If my child receives a Summer Program Scholarship award from the Riverview High School Kiltie Band Boosters and does not attend the summer program for any reason, I will contact the summer program administration and the Band Director in a timely manner to have a refund issued by the summer program and the scholarship funds returned to the Band Booster organization Scholarship Fund. If a refund cannot be issued by the summer program due to a no-show or late cancellation, it is my responsibility to reimburse the Kiltie Band Boosters for the full scholarship amount. I am responsible to pay any additional cancellation amounts or fees charged by the summer program.

Parent/Guardian Signature _____

Administrative Use Only

I attest that the applicant is currently enrolled in the band program, is in good standing, attends all required band events, is current on all band dues and fees, and as such meets the eligibility requirements for the Summer Program Scholarship.

Band Director Signature _____ Date _____
 Thank You Letter Received: Yes No Band Booster Approval: Yes No Post Program Letter Received: Yes No
 Band Booster Signature _____ Date _____
 Award Amount \$ _____ Check Number _____ Check Date _____