

DESERT MOUNTAIN BAND

FINANCIAL NEED SCHOLARSHIP APPLICATION AND CONTRACT AGREEMENT

Student's NAME: _____
Parents' NAME: _____
Parent Phone _____
Parent E-mail _____

Activity: _____
Date of Activity: _____
Amount of Scholarship request: _____
Amount of Scholarship received: _____
Date Scholarship received: _____

As a recipient of the above funds, I, _____ [student name] and
_____ [My parent/guardian
name] agree to fully participate in all fundraising opportunities made available to me by the
Desert Mountain Band program and the Desert Mountain Band Booster organization. My
parents/guardian also agree to volunteer in some capacity to support the Desert Mountain Band
program and the Desert Mountain Band Booster organization. I also agree to participate in every
rehearsal, and performance as required by the Desert Mountain Band Directors. I also agree that
if any of the above guidelines are not followed, I will no longer be eligible for any future
financial scholarships during the course of my term at Desert Mountain High School.

_____ Student signature	_____ date
_____ Parent/guardian signature	_____ date
_____ Band Director signature	_____ date
_____ Assistant Band Director	_____ date

Please print this form, fill in the proper names and signatures. Turn in to Mrs. Irvin in a sealed envelope with *Attention: Mrs. Irvin- Scholarship* printed on the outside of the envelope. This scholarship is to be given at the sole discretion of the Band Directors. Your parents will be notified of your acceptance.