

Trinity High School Band

Fee Assistance Program

We at the Trinity Band Program see band as a privilege, not for the privileged. In that respect, we can provide opportunities for financial assistance for students that treat band as a privilege. This is an assistance program, there will be some fees or money due from every member. There is no fixed assistance amount, assistance will be given on a case to case basis. The application should be completed and delivered to the Trinity High School Director of Bands for consideration.

Application/Consideration Criteria:

1. Student(s) are eligible for free or reduced lunch.
2. Parent is responsible for more than one student's fee.
3. Single parent or income family.
4. Other financial limitation that is unique to your family.

Requirements/Expectations for Assistance

1. Student must be a member in good standing: Consistent attendance at rehearsals and games, participation in both the Marching and Concert Bands, participation in the Region audition and/or Solo and Ensemble Contest.
2. Student and parents must be involved in volunteer situations (time varies on amount of assistance)
3. Student must participate in fundraising opportunities.
4. Student cannot participate in the spring trip.
5. Student/parent must make arrangements to make some type of financial commitment, full scholarships are not available.
6. Students that do not pay the agreed upon amount before the end of the trimester will go on the fee and fine list for the school; seniors will not be allowed to participate in graduation ceremonies.

Students/Parents that apply for and receive assistance will be obligated to remain in band for the entire school year. Assistance amounts, requirements, and expectations for assistance will vary depending on the amount of assistance. All details of assistance must be well established between parents and band directors prior to assistance.

"I agree to the terms and requirements of the fee assistance program and wish to participate in the program."

Signature _____

Printed Name _____ Trinity High School Band

Fee Assistance Program Agreement

Student Name (Please print): _____

Parent Name (Please print): _____

Address, City, Zip: _____

Home Phone: _____ Cell Phone (Parent): _____

Email (parent): _____

Fee Balance \$ _____ as of _____

Payments to be made by student:

1. \$ _____ on or before (date) _____

2. \$ _____ on or before (date) _____

3. \$ _____ on or before (date) _____

4. \$ _____ on or before (date) _____

Fee Assistance Amount \$ _____

If payments are not made, the fee assistance amount will be forfeited and the full amount of the balance will be due to the Trinity Band Activity Fund.

Student Signature _____

Parent Signature _____