



Northmont Band Boosters  
P.O. Box 42  
Englewood, OH 45322

## Financial Relief Application

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Years in the program: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

We feel that it is important for our student to participate in Marching Band because:

Reason for requesting financial relief (i.e. parent/guardian loss of job; single parent home, significant medical stays/issues, etc.):

- We will participate in the following fundraising activities in order to supplement our child's out-of-pocket costs (e.g., Spring Flower Sale, Fall Flower Sale, Sub Sale, Wreath Sale, etc.):

_____	_____
_____	_____
_____	_____
_____	_____

- We will work the following BSEs (list or describe activity):

_____	_____
_____	_____
_____	_____
_____	_____

**NOTE: BSEs worked must total at least \$400 in BSE value**

We will volunteer for the following committee: \_\_\_\_\_

The Band Booster board believes that *all* students and band families should contribute something toward their out-of-pocket fees. Therefore, families receiving financial relief must contribute or raise at least 33% of their out-of-pocket fees before the end of the calendar year. Please check and initial the following:

- We have already contributed/raised \$ \_\_\_\_\_ toward our fees.
- We will contribute/raise an additional \$ \_\_\_\_\_ toward our fees through out-of-pocket payments.
  - We will contribute/raise an additional \$ \_\_\_\_\_ toward our fees through fundraising activities.
  - We will purchase enough Scrip to contribute/raise at least \$ \_\_\_\_\_ toward our fees through Scrip rebates.

**Note: A Payment Agreement must be submitted with this form**

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Responsible Party

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### Approval Signatures:

\_\_\_\_\_  
Signature of NBB Student Account Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NBB Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NBB President

\_\_\_\_\_  
Date

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### Rejection of Application Explained:

\_\_\_\_\_  
Signature of NBB Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NBB President

\_\_\_\_\_  
Date



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## Financial Relief Recommendation

Due to extenuating circumstances, the student indicated below is requesting financial relief from their Fall Marching Band Fees. It is the desire of the Northmont Band Boosters to accommodate as many deserving students as we can. Therefore, we are requesting your insight regarding the student's character, ability, work ethic, and passion for music in order to fully evaluate their request for financial relief. Any information submitted on this form shall be kept in the strictest confidence and will not be disclosed to anyone (including the applicant and/or their family) except for the Band Boosters executive board and the band director. You may send this recommendation via US Mail to: Northmont Band Boosters; PO Box 42; Englewood, OH 45322. Or, send it via email to [president@northmontband.org](mailto:president@northmontband.org).

Student Name: \_\_\_\_\_

Name of Teacher, Principal, or Music Instructor: \_\_\_\_\_

Teacher, Principal, or Music Instructor: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Teacher, Principal, or Music Instructor Email: \_\_\_\_\_

Teacher, Principal, or Music Instructor recommendation: