



## Westfield Band Boosters Association Financial Assistance Application

- Before your financial assistance application will be considered, All Band Forms related to that Program, including the selection of a payment plan, as well as this Financial Assistance Application, must be completed, in their entirety, and submitted.
- The amount of assistance awarded will be based on need, as well as the number of applicants.
- Assistance payments will be applied directly to the cost when the item(s) are ordered.

Please complete this form in its entirety for each student applying for a financial assistance. Once received, the application will be redacted to exclude the student's name to ensure an unbiased, objective selection process:

1. Student Name: \_\_\_\_\_

2. Name of any sibling(s) who is/are also applying for assistance:

\_\_\_\_\_

3. WHS Band Program (Marching Band, Fall Color Guard, Winds, Percussion, Winter Color Guard) for which you are requesting a Grant: \_\_\_\_\_

4. Item for which assistance is being requested (please mark

\_\_\_\_\_ Required Materials (Please list item(s) for which assistance is being requested):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Championship Ring

5. Total amount of assistance being requested: \$ \_\_\_\_\_

6. Please describe the circumstances of the student's or family's financial need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Upon review of this application, the Westfield Band Boosters may have additional questions. Please provide an email or telephone number where you can be reached if additional information is needed:

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ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL BETWEEN THE PROGRAM  
DIRECTOR(S) AND THE WESTFIELD BAND BOOSTERS GRANT COMMITTEE.

- I ACKNOWLEDGE THAT THIS APPLICATION IS NOT A GUARANTEE OF ASSISTANCE.
- I ACKNOWLEDGE THAT A NEW APPLICATION IS REQUIRED FOR EACH STUDENT, IF APPLYING FOR MULTIPLE STUDENTS.
- I ACKNOWLEDGE THAT A SEPARATE APPLICATION IS REQUIRED FOR EACH NEW ACTIVITY.
- I ACKNOWLEDGE THAT THIS APPLICATION IS SUBJECT TO REVIEW BY THE PROGRAM DIRECTOR(S) AND THE WESTFIELD BAND BOOSTERS.

By signing below, I affirm that the information provided is accurate and complete to the best of my knowledge and agree to all terms enclosed herein. Knowingly misrepresenting any information upon which the Westfield Band Boosters Association bases their decisions could result in the loss of consideration for future assistance.

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**RESPONSIBLE PARTY:**

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

PLEASE RETURN THIS FORM TO ANGIE DAVIS AT ([treasurer@westfieldbandboosters.org](mailto:treasurer@westfieldbandboosters.org))

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**BOOSTER USE ONLY:**

DATE SUBMITTED: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

AMOUNT AWARDED: \_\_\_\_\_