

LHS Music Boosters Fundraising Scholarship Application Form (Trips)

(Director approval must be obtained before submitting request to Scholarship Committee)

Student name: _____

Address: _____

Phone: _____ Email: _____

Fees and/or Travel Costs for Trips

Amount requested: _____

Name of event: _____

Event dates: _____

Signatures

Director signature: _____ Date: _____
(REQUIRED for all requests)

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Completed, signed application form may be mailed to:
LHSMB, PO Box 6022, Longmont, CO, 80501 Attn: Scholarship Committee

FOR ADMINISTRATIVE USE ONLY BELOW THIS LINE

I certify that this request meets requirements established by the Scholarship Committee

Committee Reviewer: _____ Date: _____

Distributed by: _____ Date: _____

Status:

- Approved
- Rejected

Approval meets:

- Financial need criteria
- Volunteer hour criteria

Distribution:

- Bingo funds
- General funds