

# LHS Music Boosters Fundraising Scholarship Application Form (Lessons/Repairs)

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

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Completed, signed application form may be mailed to:

LHSMB, PO Box 6022, Longmont, CO, 80501 Attn: Scholarship Committee

<b>Instrument or Vocal lessons</b>	(Detailed invoice must be submitted with request. For advance payment only, not to exceed 3 months. Payment made directly to a Director-approved instructor.)
Scholarship amount requested: _____	
Instructor name: _____	
Instructor address: _____	
Lesson type:	<input type="checkbox"/> Vocal <input type="checkbox"/> Instrument (type) _____

<b>Instrument Repair or Annual Maintenance</b>	(Detailed invoice must be attached for approval and must describe the service provided. Payment made directly to a Director-approved instructor.)
Scholarship amount requested: _____	
Service provider: _____	
Address: _____	
Description of work provided: _____	

<b>Signatures</b> (Director signature REQUIRED for all requests)	
Director signature: _____	Date: _____
Student signature: _____	Date: _____
Parent signature: _____	Date: _____

**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: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Approval meets: <input type="checkbox"/> Financial need criteria <input type="checkbox"/> Volunteer hour criteria	Distribution: <input type="checkbox"/> Bingo funds <input type="checkbox"/> General funds