

Waltrip Ram Band Booster Club - Scholarship Request Form

Revised June 2025

Student Information

Student Name: _____

Grade Level: 9th 10th 11th 12th

Instrument/Section: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Email: _____

Phone Number: _____

Scholarship Request Details

Amount Requested: \$ _____

What is this request for? Trip Fee Other Band Participation Cost: _____

Date Payment is Due: _____

Proof of Financial Need

I have attached a copy of my most recent tax return or other documentation showing financial need.

Brief Explanation of Circumstances

(Please describe why you are requesting assistance for this expense)

Signature

I certify that the information provided is accurate and understand that scholarship decisions are based on demonstrated need and available funds. I understand that my application will be reviewed within five business days.

Parent/Guardian Signature: _____ Date: _____

