

**ARAPAHOE BAND BOOSTERS**  
**APPLICATION FOR FINANCIAL ASSISTANCE**

Money is available through the Martin Walworth Memorial Fund to assist students who would otherwise not be able to participate in the Arapahoe Band Program. Assistance should be requested only after families have explored all other options. Families who receive assistance agree to support all of the fundraisers and other events sponsored by ABB. Note: we also accept Visa and MasterCard for payments for a small fee.

**I. Family information**

Student: \_\_\_\_\_  
Grade: \_\_\_\_\_ Bands: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Required actions prior to requesting assistance**

In submitting this application you acknowledge you have explored all other options including:

- Participation in ABB fundraisers which provide funds for individual student fees (i.e. Butter braids, Grocery Certificates, Scrips, etc.)
- Requested assistance from extended family
- Explored options of setting up a payment plan for fees

**III. Reason for request of waiver:**

- Medical: \_\_\_\_\_
- Employment Status: \_\_\_\_\_
- Other: \_\_\_\_\_

I am requesting assistance with the following fees for my child:

\$ _____	_____
\$ _____	_____
\$ _____	_____
(Amount)	(Description/purpose of fees)

I agree to accept the decision of the financial assistance committee and pay all band fees that are not covered by financial assistance. I also understand that assistance does not include the costs of uniform items, instrument rental or accessories, fines incurred by my student, or the costs of any optional trips or activities.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**Mail completed applications to ABB, P.O. Box 2612, Littleton CO 80161-2612.**

Applications will be reviewed by a financial assistance committee and you will be notified of their decision.

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*For ABB Use Only*

Financial aid awarded: \$ \_\_\_\_\_ Date reviewed: \_\_\_\_\_  
 Financial aid denied – reasons: \_\_\_\_\_  
Treasurer notified: \_\_\_\_\_ Family notified: \_\_\_\_\_