



History of excellence, future of possibilities... We start here.

REQUEST FOR BAND BOOSTER ORGANIZATION FINANCIAL AID

STUDENT NAME: _____

PARENT/GUARDIAN NAMES: _____

STUDENT PHONE NUMBER: _____

PARENT/GUARDIAN PHONE NUMBER: _____

AMOUNT REQUESTED: \$ _____

TYPE OF HOUSEHOLD (PLEASE CIRCLE) 1 PARENT/GUARDIAN 2 PARENTS/GUARDIANS

BRIEFLY DESCRIBE CIRCUMSTANCES: _____

All information provided on this form will not be shared with anyone outside of the ASHBA Executive Board.

This form may be mailed to:

*Asheville High School Band Association
PO Box 772
Asheville, NC 28802*

Or it may be placed in a sealed envelope addressed to the AHSBA and placed in the return box on the wall in the band office.