



**Cleburne ISD Golden Pride Band**

**Application for MEP Scholarship**

*Complete this form, front and back, and return it to your child's band director by **September 6, 2013.***

Student \_\_\_\_\_ Grade \_\_\_\_\_

Campus \_\_\_\_\_ Instrument \_\_\_\_\_

Parent(s) \_\_\_\_\_

Siblings (please list ages in parenthesis) \_\_\_\_\_

Check one of the following:

\_\_\_\_\_ Children are on free lunch.

\_\_\_\_\_ Children are on reduced lunch.

\_\_\_\_\_ Children pay full price for lunch.

Please explain any financial hardships you face that may aid the band directors in awarding scholarships.

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## MEP Scholarship Contract

It is the goal of the CISD band staff and Golden Pride Band Booster Club to provide students with the opportunity to participate in the Music Enrichment Program. As such, deserving students will be awarded a 50% scholarship to help cover the cost of the weekly lesson fee. **The scholarship will be applied toward the half of the cost of the student's weekly lesson fee (\$8.50). Either the student or parent will be responsible for covering the remaining cost of the lesson fee (\$8.50).**

The following requirements must be met to receive a scholarship:

- Must demonstrate financial hardship or significant extenuating family circumstances
- Must maintain passing grades in all subjects
- Must maintain good attendance at school and at all band events
- Must receive band directors' approval

Scholarships may be revoked at any time for the following reasons:

- Lack of funds in the Golden Pride Booster Club
- Lack of progress reported by the private instructor
- Lack of progress in band
- Loss of academic eligibility
- Poor attendance at band events including sectionals, rehearsals, and performances
- Failure to attend lessons
- Failure to pay your portion of the lesson fee; \$8.50 per lesson

Scholarship recipients will remain anonymous. The CISD band directors will award scholarships and coordinate with the band booster treasurer to ensure funds will be available. Golden Pride Band Boosters will not learn the names of the students they are assisting.

I understand the process in which scholarships are awarded. I understand that by completing this application, I am not guaranteed a scholarship. If I am awarded a scholarship, I agree to all of the above.

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

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### For Director Use Only:

Scholarship Awarded

Scholarship Denied

Music Enrichment Instructor \_\_\_\_\_

Scholarship Letter for Booster Invoice \_\_\_\_\_

***Directors, please return this form to Brock Feller by September 9<sup>th</sup>.***