

# Hastings High School Marching Band SCHOLARSHIP APPLICATION

**To Be Eligible for a Hastings Marching Band Scholarship and/or extended bill payments, you or your family must:**

- Exhibit a general financial need. Examples may include receiving Medical Assistance or being on a Child Health Plan AND/OR if you and your family are or have been experiencing an unforeseen hardship (i.e. death of a parent, a parent losing employment, etc.)
- Be a committed member of the Marching Band and be in good standing at Hastings High School in both academics and in student conduct.
- Parents must volunteer time to marching band events
- Have demonstrated reasonable participation in fund-raising opportunities.

## **Application Procedures for a Hastings Marching Band Scholarship:**

Complete this application form completely and accurately (ON BOTH SIDES) and send to  
**Hastings Marching Band Scholarship Committee**

**Attn: Emily Chandler**  
**200 General Sieben Drive**  
**Hastings, Minnesota 55033**

- The completed application form must be submitted prior to consideration.
- The Scholarship Committee may request additional information from you if needed.
- Your application and circumstances will be kept confidential.
- The Scholarship Committee will review your application and approve or deny your request based on eligibility, timeliness of request, and funds available.
- You will be notified of the scholarship award and the amount. The money will be directly deposited into your student marching band account to be used for direct band expenses (and not for optional trip expenses).

*Hastings Marching Band Scholarship Application*

**Date of Application:**

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

**Parent Email** \_\_\_\_\_

**Telephone #s:** \_\_\_\_\_ *Home* \_\_\_\_\_ *Work or Cell*

**Statement of Financial Need:** *I am requesting a band scholarship or delayed payment because* \_\_\_\_\_

**Statement of Financial Need** (continued):

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**Hastings Marching Band Volunteer Opportunities:**

**I'm willing & interested in helping in the following areas:**

(Please mark any and all interests of things you would be WILLING to do. We won't make you do everything you check!!!! If you have top interests though, please mark them with a star or otherwise make a note to that effect. Thanks.)

\_\_\_ **I have already volunteered as a HHS Band Booster Club Board/Committee Chair or Coordinator position for the coming year - specify position:**

\_\_\_ **I am willing to volunteer to assist the marching band program in the following area(s) (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Chaperone            | <input type="checkbox"/> Public Relations         |
| <input type="checkbox"/> Sewing               | <input type="checkbox"/> Large Trailer Transport  |
| <input type="checkbox"/> Building/Repairs     | <input type="checkbox"/> Small Trailer Transport  |
| <input type="checkbox"/> Meals                | <input type="checkbox"/> Fundraising coordination |
| <input type="checkbox"/> Uniforms             | <input type="checkbox"/> Preview show             |
| <input type="checkbox"/> Student Information  |   |
| <input type="checkbox"/> Other, specify _____ |   |

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*Student Signature*

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*Parent/Guardian Signature*

**Send this completed application to:  
Hastings Marching Band Scholarship Committee  
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200 General Sieben Drive  
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