



Venice High School Band Boosters,  
P O Box 50,  
Venice, FL 34284

### Marching Indians Fair Share Fees

### Scholarship Application Guidelines and Form

#### What is the Marching Indians Fair Share Fees Scholarship?

The Marching Indians Fair Share Fees Scholarship provides for up to \$125.00 toward Fair Share Fees for any member of the Venice High School Band. This award represents up to 50% of the total fair share fees due. Any successful applicant will be expected to fundraise and/or pay the remaining portion of their fair share fees. There will be opportunities to fundraise throughout the school year to do this.

#### Who is eligible for the Scholarship?

Any current or incoming band student who shows some financial need.

#### What criteria are used in reviewing/judging/selecting recipient?

The criteria used for an incoming Freshmen student will be the completed application form. The criteria used for any returning student will be the application form along with their record of fundraising and volunteering to help the band program.

#### How will the recipient be selected?

Scholarship recipients will be selected by a committee comprised of the Band Director and the executive board of the band boosters. Successful applicants will be notified in writing either by letter or e-mail.

#### What is the deadline for submitting an application?

A complete application form must be postmarked by October 1<sup>st</sup> of the current school year and mailed to Deborah Beese, Treasurer, P.O. Box 50, Venice, Florida, 34284. Applications received after this date will NOT be considered.

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Fair Share Scholarship Request Form

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Telephone number) (E-mail address)

\_\_\_\_\_  
(Parent (s) or Guardian (s))

\_\_\_\_\_  
Please use the space below to briefly outline why you are requesting a scholarship.

Returning band students must submit a record of fundraising and volunteering completed to help the band program. I understand that if this scholarship request is granted, I will be responsible for payment of the remaining balance of Fair Share Fees.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**VHS Booster Use Only**

Application Received \_\_\_\_\_

Request Granted \_\_\_\_ Yes \_\_\_\_ No

Scholarship Amount \_\_\_\_\_

Committee Approval \_\_\_\_\_