Financial Aid for Private Lessons

Student Information		
Last Name:	First Name:	Grade: 9 10 11 12
Instrument:		

Parent/Guardian 1 Information		
Last Name:	First Name:	Marital Status:
Street Address:		
Email Address:		

Parent/Guardian 2 Information		
Last Name:	First Name:	Marital Status:
Street Address:		
Email Address:		

Are you currently taking lessons?	
Private Lesson Teacher:	
Have you taken lessons in the past?	
Have you received aid for lessons in the past?	
What was your band grade on your most recent report card?	
Have you been academically inelegible to participate in a band activity in the past year?	
If yes, please explain what event(s) you were unable to participate in.	

Give a brief explanation of why financial aid for lessons is necessary at this time. Please include whether the financial circumstances are short term or long term.

PRIVATE LESSON AGREEMENT

PLEASE READ CAREFULLY, SIGN AND SUBMIT THE APPLICATION

If I am the recipient of an aid offer, I agree to make every effort to improve my musical contribution to the band program. I understand that I am expected to practice regularly and will be expected to progress on my instrument according to the expectations of my private lesson teacher and band director. Failure to make progress on my instrument, to attend lessons, to pay my portion of the lesson fees, and/or to remain academically eligible may result in the termination of financial aid.

Student
Signature

As a parent/guardian, I agree to make every effort to support my child's musical development with encouragement at home. I agree to pay our portion of the lesson fees on time. I agree that we will notify the VP of Student Affairs to discontinue aid if our financial situation permits full payment of the lessons. I understand that any aid granted begins at that time and is not retroactive. I understand that any aid granted terminates on 6/30. If aid is stil needed, a new application must be submitted on or after 7/1. I understand that failure to pay my portion of the lesson fee may result in the termination of financial aid.

Parent Signature

Wakeland High School Band Booster Association

Financial Aid Committee Authorization

2025-2026

Application for Aid:	GRANTED	DENIED
Amount of Aid Granted:	Private Lesson $	

Additional Information:

VP Student Affairs:		Date:	
Committee Member:		Date:	
Committee Member:		Date:	