



Tahoma Band Boosters Tuition Assistance Application

Date _____

Name _____ Instrument _____

Address _____ Phone _____

Email _____

Annual Household income at this time:

____ less than 30,000 ____ 30,000-50,000 ____ 51,000-70,000 ____ 71,000-100,000 ____ 100,000+

Amount of help you need this year: (Boosters will assist up to 25% of Field Show Camp Fee)

____ 100% assistance this year ____ Partial assistance – amount \$ _____

Are you a part of the reduced lunch program with the district? ____ Yes ____ No

Please briefly explain why you need this financial assistance:

____ I agree to participate in all fundraisers available to me through the Tahoma Band Program this year.

____ I agree to contact the school counseling office for additional assistance.

(Assistance will not be provided if you do not contact the counseling office AND participate in fundraising)

Signed _____ Date _____