

# Alpharetta High School Band Boosters Sponsorship Application

*Sponsorships are made available to Band and Color Guard students based on:*

- Need of financial assistance
- Active participation of student in band activities
- Positive behavior of student at all times
- Participation of parent/guardian in band activities
- Availability of Band Booster funds

**APPLYING FOR: MONTHLY PAYMENT PLAN** \_\_\_\_\_

\$ AMOUNT OF SPONSORSHIP REQUESTED \_\_\_\_\_

*The Band Directors and Board Members are responsible for reviewing the sponsorship applications. All information is kept in the strictest confidence.*

**Please complete all requested information and return to Band Director:**

**Student name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Alternate (cell) phone number \_\_\_\_\_

**Parent/Guardian Name: (please print)**

Mother \_\_\_\_\_ Father \_\_\_\_\_

**Parent(s) email address\*** \_\_\_\_\_

Place of Employment for Mother: \_\_\_\_\_

Place of employment for Father: \_\_\_\_\_

Is employment seasonal, part-time or full-time? \_\_\_\_\_

Annual Income \_\_\_\_\_ Number of people in household \_\_\_\_\_

Number of children in band \_\_\_\_\_

Specific situation that may need to be explained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that my signature indicates that to the best of my knowledge the above information is accurate.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

Date \_\_\_\_\_ **\*You will be notified by mail / email of sponsorship eligibility.**

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\*\*\* For Committee Use Only\*\*\*

\_\_\_ MB or CG + CB      \_\_\_ CG only      \_\_\_ CB only

\_\_\_ Yes, this student is recommended for sponsorship

\_\_\_ No, this student is not recommended for sponsorship

Band Director \_\_\_\_\_ Board Member \_\_\_\_\_