

ACHS Boosters Scholarship Application/Agreement

Student Name: _____

Private Teacher Name: _____

Private Teacher Phone Number: _____

Private Teacher Mailing Address: _____

4 Scheduled Lesson Dates: _____

Cost per lesson: _____ Amount Covered by Band Boosters _____

I understand that as a private lesson scholarship recipient, the following must take place in order to receive assistance.

- I will pay for 50% of the cost of each lesson. *Eligible for up to 4 lessons per month, per application. Amount of each lesson covered by scholarship is subject to availability of funds.*
- I will notify my private teacher that the band boosters are providing scholarship and half of monthly lesson payment will arrive separately. Once 4 lessons are complete, private teacher will notify Mr. Grant at timothy.grant@acps.k12.va.us.
- If lessons do not occur at TCWHS, proof of lessons (check receipt, demonstration of music/technique covered...etc.) must be shown to director for next application to be approved.
- I will practice my instrument daily, demonstrate preparedness in both lessons and band rehearsals, and attend lessons weekly.
- I will actively participate in band fundraisers and volunteer opportunities.
- I will maintain an average of a 90% or higher in band at all times, and will be a positive contributing member (demonstrating punctuality, preparedness, leadership, and completing all assigned tasks) of the TCWHS band program.
- In the event that a lesson must be missed or rescheduled, it is the responsibility of the student to notify the private teacher at least 24 hours in advance.
- Scholarships may be discontinued at any time at the director's discretion.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____