

KMSBB SCHOLARSHIP APPLICATION

Student Name: _____

Student Grade: _____

Parent Name(s): _____

Mailing address: _____

Phone number(s): _____


Email addresses: _____

Has your student participated in fundraising (or are they willing to participate in fundraising)? _____

What do you need a scholarship for (i.e., instrument rental, instrument accessories, music book, uniform items, trip expense, etc.)? _____

What is the amount of the scholarship you are asking for? _____

How long is the scholarship need (i.e., rental of instrument for 3 months, 6 months, or school year)? _____

Please return the completed application via email  or mail to *KMS Band Booster Scholarships, PO Box 1312, Kingston, WA 98346*