

Request for Financial Assistance

(Angel Funds)(Fall Marching Band Camp)

Charlotte Band Camp

Student Name _____

Grade of Student (2009-10) _____

Parent Name _____

Address _____

Phone Number _____

A family contribution is required to be eligible for assistance

Assistance Needed:

Family contribution \$ _____

Requested assistance \$ _____

Total Band Camp fee \$ **290.00**

Are you able to repay this 'loan' in monthly payments to the Band Boosters?

If so, what is your monthly promise? _____

If assistance is granted, what activities will you be willing to assist the band boosters with in the coming school year? (i.e.: concessions, apple pie fundraiser, 50/50, festival assistance) _____

Please explain the reason for your request for assistance:

Mail form to: Charlotte Band Boosters, PO Box 496, Charlotte, MI 48813

Questions: Feel free to call Jill DeWitt, Band Booster Treasurer, 517 543-3635