Lakota West Bands

Lakota West Upbeat Club

Student Trip Scholarship Application

The Lakota West Upbeat club is committed to ensuring that every eligible student has the opportunity to participate in required band trips regardless of financial circumstances. Scholarship funds are limited and are awarded based on demonstrated financial need and available funding.

Scholarship funds are intended for families experiencing genuine financial hardship. Awards are based on demonstrated financial need, available funding, and completion of the application.

Families are expected to participate in volunteer and fundraising activities to the extent they are reasonably able. Requests for exceptions due to work schedules, disability, transportation, or other circumstances will be considered without penalty.

Scholarship recipients may be asked to contribute a reasonable portion of the trip cost when feasible, so assistance can be shared among more students.

The Scholarship Committee reserves the right to request additional documentation if necessary.

Incomplete applications will not be considered. If you have difficulty completing the application, please reach out to the band director.

All information provided on this application will remain confidential and will be reviewed only by the Scholarship Review Committee.

Application Deadline: _____7/24/2026_____

Please send completed applications to President@lakotawestbands.org

Or you may mail them to

Lakota West Upbeat Club

P.O. Box 1637

West Chester, OH 45071-1637

Student Information

Student Name: _____

Grade: _____

Parent/Guardian Name(s):

_____

Address:

_____

Phone: _____

Email: _____

_____

Scholarship Request

Name of Trip: _____

Total Trip Cost: $_____

Amount Requested: $_____

Amount Family Can Contribute: $_____

_____

Financial Need

Please explain your family's financial circumstances and why assistance is needed.

_____

_____

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_____

Required Documentation

Please attach **ONE** of the following:

☐ Verification of Free/Reduced School Meal eligibility

☐ Documentation of SNAP, Medicaid, WIC, SSI, or unemployment benefits

☐ Other documentation demonstrating financial need

Volunteer Participation

The Band Boosters rely on volunteer support to provide opportunities for all students. Families receiving scholarship assistance are expected to support the Band Boosters through volunteer service **to the extent they are reasonably able.**

Please indicate your willingness to volunteer.

☐ Yes, we are able to volunteer.

- Please tell us about any previous volunteer experience with the Lakota West Band

_____

_____

_____

☐ We are unable to volunteer due to work schedules, transportation, health, caregiving responsibilities, or other circumstances.

If unable, please briefly explain:

_____

_____

_____

Additional Information

Please provide any additional information you would like the Scholarship Committee to consider.

_____

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Applicant Certification

I certify that the information provided on this application is true and complete to the best of my knowledge.

I understand:

- Scholarship funds are limited, and awards are not guaranteed.
- Submission of false or misleading information may result in denial of this application and future scholarship requests.
- Scholarship awards are determined by the Scholarship Committee, and all decisions are final.
- Information submitted with this application will be kept confidential and reviewed only by the Scholarship Committee.

Parent/Guardian Signature

_____

Date _____

Student Signature

_____

Date _____

_____

Committee Use Only

Date Received: _____

Documentation Verified

☐ Yes ☐ No

Award Approved

☐ Yes ☐ No

Scholarship Amount Awarded

$_____

Committee Notes

_____

_____

_____

Committee Signatures

_____

_____

_____

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