



Hello!

Thank you so much for taking the time to apply for 2019-2020 Financial Aid for your band fee. We at Catherine's Orchestra for All understand the financial burdens that may occur due to band fees. When you fill out the application, make sure you give well thought out answers. Our foundation is only able to award a certain amount of money this year. As a result, applications that are well written and thoughtful will likely catch the attention of the deciding committee. As we do not ask you to provide financial information to qualify, we depend on your answers and honesty.

In order to obtain federal aid, we do ask a few questions regarding demographics. This information is for administrative use and has nothing to do with the approval process. The information given allows us to gain better funding based on the demographics and needs in our community.

Once you have completed the application, you can send it to scholarship@cofamusic.com or by mailing it to:

Catherine's Orchestra for All
Attn: Financial Aid
414 E. Forrest Ave
Lebanon, TN 37087

When your application is received, it will go before a deciding committee. All identifying information will be removed and the decision will be based on the information given in the application. You may receive an email requesting more information. Final decisions will be made by August 30th by email and mail.

If you have any questions, please feel free to reach out us at the email listed above.

Kindest Regards,
The COFA Team

Catherine's Orchestra Financial Aid Application

2019-2020 School Year

Please fill out the application and send it back to us by email at scholarship@cofamusic.com or mail it to: Catherine's Orchestra for All, 414 E. Forrest Ave, Lebanon, TN 37087. The deadline for all submissions is August 30, 2019. This scholarship is for the 2019-2020 school year and will only cover current band fees. Should you need assistance with past due band fees, please contact us by email.

Name: _____

Last

First

Middle

Age: _____

Birthday: ____/____/____

School: _____

Grade: _____

Student's email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Relationship to Student: _____

Parent/Guardian: _____ Relationship to Student: _____

Parent's Number: _____ Alternate Number: _____

Parent's Email: _____

Sibling(s) Name

Age

Grade

School

1. _____

2. _____

3. _____

Should you need additional room to respond, please feel free to provide an attachment with responses.

1. How much are you looking to receive for your band fees?

2. What are some goals you are looking to reach while in band?

3. Do you plan to participate in fundraisers initiated by the band? If not, please explain in detail.

4. Do you have plans to do additional fundraising through your band program? If yes, please list potential opportunity and how much you plan to raise.

5. What interests you most in band and why?

6. How long have you been in band? This also includes middle school. Additionally, please list how much you have raised through fundraising opportunities during that time.

7. Do you understand that in order to receive financial aid from Catherine's Orchestra for All you must complete the entire band season?

Should you need additional room to respond, please feel free to provide an attachment with responses.

8. Why should you be chosen to receive financial aid?

Should you need additional room to respond, please feel free to provide an attachment with responses.

*Please note; by signing this application, if you are chosen, you will be asked to sign an honor code agreement. This document, while not legally binding, is important to ensure that the student and guardians/parents understand the expectations that come from accepting a band fee scholarship from Catherine's Orchestra for All.

Parent Signature: _____

Student Signature: _____

Date: _____

Demographic Survey – Optional

This is for administrative use only and does not affect the decision making process.

Ethnicity

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian/Pacific Islander
- Other _____

Sex

- Female
- Male
- Other _____

Free and Reduced Lunch

Area of Residence

- Rural
- Suburban
- Inner City

For administrative purposes only

Should you need additional room to respond, please feel free to provide an attachment with responses.

PUBLICITY WAIVER AND RELEASE AGREEMENT

I, _____, hereby irrevocably permit, authorize and license to Catherine's Orchestra for All and its licensees, assigns, successors, subsidiaries, owners, operators, and other affiliates, and each of the respective officers, directors, employees, contractors, agents, associates, and representatives, (collectively "Assignees"), the universal, unrestricted and perpetual right to use my name, image, likeness, voice and/or appearance as such may be embodied or recorded in any photos, video recordings, audiotapes, digital images, or any similar medium, (collectively "Information"). I understand this waiver and release signifies that the Information described herein may be electronically displayed via the Internet or via any other medium with no time limit on or geographic limitation to which these materials may be distributed.

By signing this waiver and release, I hereby waive any right that I may have to inspect and/or approve the finished works or the use(s) of the Information.

I further hereby release, discharge and agree to hold harmless Assignees from any liability, any claim or cause of action, whether now known or unknown, for defamation, invasion of privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Information.

Signed: _____ Date: _____
Signature

Name

Address

City

State

Zip Code

Phone

Email

PARENTS OR GUARDIANS OF CHILDREN UNDER AGE 18 MUST SIGN THIS RELEASE.

I am the parent or guardian of the minor named above. I hereby make and enter into each and every representation, license and assignment described above on behalf of me, the minor, and any other parent or guardian of the minor. I believe and represent that I have legal authority to make these representations, grant this license and assign the Information to Assignees, and I agree to indemnify Assignees for all liability arising out of any lack of authority on my part to make such representations.

Signed: _____ Date: _____
Signature of Parent or Guardian

Name

Should you need additional room to respond, please feel free to provide an attachment with responses.