



# FRANKLIN COMMUNITY HIGH SCHOOL

## BLUE REGIMENT Marching Band and Color Guard

### 2023 Financial Commitment Form

Member fees for the Franklin Community High School BLUE REGIMENT Marching Band and Color Guard 2023 fall season are \$750. This does not include the transportation fee (\$30) that is assessed by the school corporation. Total fees are \$780.

Parents/Guardians: Please fill in the general information requested, select one of the three payment options, sign, and return the **Financial Commitment Form**. A limited amount of funding is available through the Franklin Community Schools Band Boosters to assist the families of those students who have financial hardships. For families needing assistance, please provide the information requested for consideration.

All information will be kept strictly confidential. Applications for assistance will be reviewed by the scholarship committee - band booster president, band booster treasurer, and director of bands. Filling out the assistance section does not guarantee assistance will be granted. All agreements/determinations must be approved IN WRITING – no verbal agreements.

**NOTE** – The first installment of \$190 must be paid (or arrangements made with the treasurer) by the June 2<sup>nd</sup> payment date in order to secure a position for the 2023 fall marching season. Due to design, planning, and budgeting ALL fees are NON-REFUNDABLE after June 2<sup>nd</sup>. After June 2<sup>nd</sup>, families will be responsible for the ENTIRE 2023 member fee if a student quits or is removed from the program for disciplinary reasons.

Please return signed form by **JUNE 2, 2023**. Families applying for assistance will be contacted directly. Applications may be mailed to the Franklin Community Schools Band Boosters, 1265 North Main Street, PO Box 756, Franklin, IN 46131 or submitted directly to a director.

#### General Information

Student's Name(s): \_\_\_\_\_ Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

What is the best way to contact you?  Phone  E-mail

#### Payment Options

**OPTION ONE** – Payment of fees (in full) in **FIVE MONTHLY** payments. The payment schedule will be:

June 2 - \$190; July 14 - \$190; August 18 - \$190; September 15 - \$180; October 14 - \$30

By signing below, I **AGREE** to make payments as indicated above.

\_\_\_\_\_/\_\_\_\_\_/2023  
Signature of Financial Guardian Date

\_\_\_\_\_/\_\_\_\_\_/2023  
Signature of Financial Guardian Date

(Payment **OPTIONS TWO** and **THREE** on opposite side)

**OPTION TWO** – I wish to pay all fees, but would prefer an alternative payment schedule (to the dates indicated in OPTION ONE).

I will be able to make payments in the following manner (please indicate dates and amounts):

---

---

By signing below, I **AGREE** to make payments as I have indicated above.

\_\_\_\_\_/\_\_\_\_\_/2023  
*Signature of Financial Guardian* *Date*

\_\_\_\_\_/\_\_\_\_\_/2023  
*Signature of Financial Guardian* *Date*

**OPTION THREE** – I will have difficulty meeting the financial obligations. I am requesting assistance in the amount of \$\_\_\_\_\_.

*Please answer each of the following questions for consideration of financial assistance. All information will be confidential and viewed only by the Scholarship Committee - band booster president, band booster treasurer, and director of bands.*

a. Provide rationalization and insight into the family's hardship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Provide insight into the family's ability to cover the balance of the fees including any fundraising activities you plan on participating in:

---

---

---

**Please note: In return for financial assistance, there will be an expectation of participation in fundraisers and volunteer opportunities. If approved, a separate scholarship assistance form will be provided.**

By signing below, I **CERTIFY** that the information above is true and correct.

\_\_\_\_\_/\_\_\_\_\_/2023  
*Signature of Financial Guardian* *Date*

\_\_\_\_\_/\_\_\_\_\_/2023  
*Signature of Financial Guardian* *Date*

Please complete and return this signed form by **JUNE 2, 2023**. Thank you.