

## Royal Guardians Need Based Fee Assistance Request

Please provide the following information to process your Need Based Fee Assistance Request:

1. Student Name: \_\_\_\_\_

2. Activity for which you are requesting the Assistance: \_\_\_\_\_

3. Amount of support requested: \$ \_\_\_\_\_

4. Each of the following two questions must be answered for your request to be considered:

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

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b. Provide insight into the family's ability to cover the balance of the fees including any fundraising activities that you plan to participate in: \_\_\_\_\_

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We affirm the information requested is accurate to the best of our knowledge. We understand misrepresentation may constitute fraud which may result in the loss of this scholarship.

PERSON FILLING OUT FORM: (PRINTED NAME) \_\_\_\_\_

PERSON FILLING OUT FORM: (SIGNATURE) \_\_\_\_\_

RELATIONSHIPS TO THE STUDENT: \_\_\_\_\_

PROVIDE BEST CONTACT (email, cell #): \_\_\_\_\_

Fee Assistance form must be submitted before the first payment is due for said activity unless an exception is allowed by the Guardians board.

DATE SUBMITTED:

PLEASE TURN IN THIS FORM DIRECTLY TO A HSE BAND DIRECTOR OR GUARDIANS PRESIDENT. ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL BETWEEN THE BAND DIRECTOR AND THE STUDENT ACCOUNT REPRESENTATIVE. A SEPARATE FORM WILL NEED TO BE FILLED OUT FOR ALL STUDENTS FOR WHOM YOU ARE REQUESTING A SCHOLARSHIP. SCHOLARSHIP FUNDS ARE BUDGETED BUT LIMITED.