



Application for the \_\_\_\_\_ School Year

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Parents/Guardians (1): \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Family Home Phone: \_\_\_\_\_ Student Graduation Year: \_\_\_\_\_

Parent/Guardian (1) email: \_\_\_\_\_

Parent/Guardian (1) phone: \_\_\_\_\_

Parent/Guardian (2) email: \_\_\_\_\_

Parent/Guardian (2) phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

I am writing to request a confidential alternative payment plan with BBOP. I understand that all volunteer requirements from the Financial Commitment will be in place and that our family is expected to support our student with our volunteer time as well as financially. The plan I am requesting is selected below and I have entered the amounts/dates I am proposing:

\_\_\_\_\_ I am able to pay the full fee amount. However, need an extended period of time to pay in full. I plan to pay BBOP the amount of \$\_\_\_\_\_ per month until the balance is paid in full.

\_\_\_\_\_ I cannot make regular monthly payments, but will pay monthly when possible and will have the fees paid in full by \_\_\_\_\_.

\_\_\_\_\_ I am unable to pay the fees in their entirety. I would like to ask for BBOP to cover half/50% of the fall fee. I understand that accepting this assistance option also carries the requirement of actively participating in all available fundraisers and volunteer opportunities.

Please elaborate your current situation, as it will help BBOP support you.

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\_\_\_\_\_ **I am unable to pay any fees at this time.** The option is only available for families who are receiving free/reduced lunch or textbooks for the school year. Verification of free/reduced lunch or textbooks will take place prior to the approval of this form. I understand that accepting this assistance option also carries the requirement of actively participating in all available fundraisers and volunteer opportunities. My reasoning for the elimination of the fee requirement is:

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I understand that, to receive any form of assistance or modification to the payment plan, this form must be received and approved by BBOP for each school year during which I wish to qualify for assistance. All agreements for financial assistance will remain completely confidential among the designated BBOP board members, the directors, and the applicant family. The form will apply to the school year referenced on page 1 of the application, and I understand that I will need to re-apply for each school year in which I am requesting assistance. I understand that assistance will not be provided retroactively. Prior or current charges without an approved financial assistance form in place are the responsibility of the parents/guardians in full.

**Affidavit of Need**

I solemnly swear under the penalties of perjury that my affirmation of need is true and accurate.

Signatures:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Brownsburg Bands and Orchestra Parents Approval:

\_\_\_\_\_  
BBOP Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Band/Orchestra Director

\_\_\_\_\_  
Date