

Criteria for Distribution

Family Income

The gross annual family income is based on the income guidelines for the Free-Reduced Lunch Program. Other extenuating circumstances may be taken into account.

2 person family	3 person family	4 person family	5 person family	6 person family
\$30,044	\$37,777	\$45,510	\$53,243	\$60,976

Approved Expenditures

- ♪ Instrument: rental, repair and supplies
- ♪ Band Camp registration
- ♪ Required Performance Clothing (shoes, season T's, etc.)
- ♪ School Participation fees
- ♪ Honors/All-State Band expenses
- ♪ Band Trip Fees
- ♪ Other related expenses: must be approved by the Herb Streitz Memorial Band Fund Advisory Committee

Request Limits

- ♪ The number of requests funded is limited by the number of dollars available to grant in any year. Applications will be reviewed a minimum of twice a year. June 15th and Jan 15th
- ♪ Individuals may receive no more than \$300 per year and families may receive no more than \$750 per household (more than 2 students per household)
- ♪ The amount received must not exceed 75% of the total annual band expenditures in a 13 month period. There must be an effort of payment of expenses by the family before funds will be considered for distribution.

Selection Process

Funding, according to the guidelines established by the Herb Streitz Memorial Band Fund advisory committee, will be determined by Waseca's Director of Instrumental Music and the Band Booster Treasurer who will submit funds in confidence.

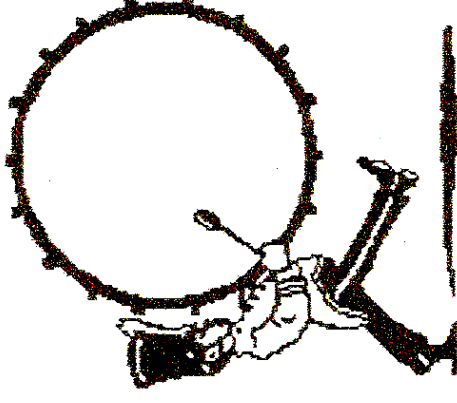
Application Process

Students/Parents must complete an application form and submit it to the Band Booster Lock Box in the High School Band Room or the High School Office.

Application form on Back

Herb Streitz Memorial Band Fund

Of the Waseca Area Foundation



TO ASSIST QUALIFYING
STUDENTS TO PARTICIPATE
IN WASECA SCHOOL
BAND PROGRAMS.

WASECA AREA FOUNDATION
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WASECA, MN 56093

(507) 835-5990

pota@waseca.k12.mn.us

www.wasecaareafoundation.org

HERB STREITZ MEMORIAL BAND FUND

of the Waseca Area Foundation

Request YEAR: 20__ - 20__ Application Form Submitted to Office: _____

Student Name : _____ th Grade (of request year)

Print ...Parent(s)/Guardian(s): _____

Address: _____

Parent/Guardian: Mom Cell: _____ Dad Cell: _____

Mom E-mail: _____ Dad E-mail: _____

Name and current grade of siblings in band (at any Waseca School)

_____ grade = _____

_____ grade = _____

Annual or Monthly Family Gross Income: \$ _____ year

\$ _____ month

() Office Use Only
Eligibility Verified

Student Applicant's current year band expenses:

(see reverse side for eligible expenses)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

List items already paid for:

_____ \$ _____

_____ \$ _____

Attach copies of bills or receipts for
non-school fee items from current year.

Total Amount Requested: \$ _____

Signature: _____

RETURN YOUR COMPLETED FORM to the Jr&Sr High School office at 1717 2nd St. NW, Waseca. ELIGIBILITY WILL BE VERIFIED and forwarded to the Herb Streitz Memorial Band Fund Committee for processing. (via Mary Jo DeLaitsch/JHHS Office Manager).

AWARDED funds will be announced to parents via e-mail by BAND BOOSTERS (Sondra Herman).

For more information regarding the Foundation, contact Amy Potter at the Waseca Area Foundation at 507-835-5990.

Office Use only:

Submitted to Streitz/Band Booster Committee: _____ - _____ - _____

Awarded Scholarship Amount \$ _____ Date: _____ Check # _____