

# Plymouth-Canton Music Boosters Financial Aid Application

## Application Information (Parent)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Name of child in a PCEP/PCMB program:</b>			

## School/Program Information

<b>High School Currently Enrolled:</b>			
<b>Expected year of graduation:</b>			
<b>PCEP/PCMB Instrumental/Performing Arts Program currently participating and to which this financial award will pertain:</b>			
	(check one):		
<b>Marching Band</b>	<input type="checkbox"/>	<b>Concert Band (curricular program):</b>	<input type="checkbox"/>
<b>Winter Guard</b>	<input type="checkbox"/>	<b>Other: Please list:</b>	<input type="checkbox"/>
<b>Winter Drumline</b>	<input type="checkbox"/>		

## Criteria - Information

<b>1. Custodial parent's Adjusted Gross Income for most recent tax year: _____</b>			
<b>Two or more children participating in this program? _____</b>			
<p>Please provide either page one of your most recently filed income tax return (blank out the first 5 digits of all social security numbers). - OR Provide documentation supporting participation in PCCS "reduced lunch program"</p>			
<b>2. Parent Volunteerism:</b>			
<b>Please record the PCEP/PCMB events at which you have</b>			
<b>or will volunteer time for the current PCMB season:</b>			
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

<b>3. Special Circumstances:</b>					
If applicable, please write (on a separate sheet of paper) a brief statement concerning any special circumstance that the financial aid committee should be aware of when considering this application.					
<b>Signatures</b>					
Signature of student:					Date:
Signature of parent/guardian:					Date:
Please submit application to: The Canton Community Foundation 50430 School House Road, Suite 200 Canton, MI 48187					