

HERB STREITZ MEMORIAL BAND FUND
Waseca Area Foundation Application Form

Date _____

Name of Student _____

Name of Parent(s)/Guardian(s) _____

Student Address _____

Parent or Guardian Phone: Work _____
Home _____

Names of Siblings in Band (at any Waseca school):

Number of Total Persons in Household _____

Annual **or** Monthly Family Gross Income \$ _____ per year
\$ _____ per month

Student applicant's current year band expenses:
Rent or Purchase of Instrument \$ _____
Band Trip Expenses \$ _____
Band Camp Registration \$ _____
Performance Clothing \$ _____
Other \$ _____

Please attach bills or receipts.

Amount of request \$ _____
For: Rent or Purchase of Instrument \$ _____
Band Trip Expenses \$ _____
Band Camp Registration \$ _____
Performance Clothing \$ _____
Other \$ _____

Please attach bills or receipts.
See Herb Streitz Scholarship Grant Guidelines regarding policy limits.

*Return completed form to the Waseca High School Guidance Office.
For more information contact Karen Buum at Waseca Area Foundation at 835-5990.*