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## APPLICATION FOR FEE REDUCTION 2024-2025 School Year

Student Name: \_\_\_\_\_

I request that the Board of Directors of the Whiteland Band Boosters grant a reduction in fees owing on the account of my child due to our family's financial circumstances. I understand that the grant will be made on the following conditions:

- Only those students who are eligible for free or reduced price school lunches may receive fee reductions.
- The amount of the reduction for qualifying students will be determined by the Board on an annual basis.
- A fee reduction will be granted for only one season per school year.
- Your family needs participate in all provided fundraisers to earn money towards your fees.
- The fee reduction will be pending and only become final once all amounts owed to the Boosters over and above the amount of the fee reduction. There will be no fee reduction unless remaining fees are paid.

I authorize the Booster Board and/or the program directors to verify that my student is eligible for a free or reduced price lunch.

Signed: \_\_\_\_\_  
Parent or Guardian

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_