



# Boardman Schools Orchestras

7777 Glenwood Ave.  
Boardman, OH 44512  
(330) 758-7511 ex. 346  
FAX - (330) 758-7515

## ***FINANCIAL ASSISTANCE PROGRAM***

Thank you for contacting me about your financial situation. We believe that every student in orchestra should get the opportunity to participate in our trips, regardless of financial situations. Therefore, we would be very glad to help out with your child's expenses. There are just a few considerations you should know.

Our philosophy is that no student in the orchestra should miss an opportunity to perform with the group in a competition or concert due to family financial hardship. We therefore offer to cover most of the expenses for a student in that situation with the following conditions:

- 1) A genuine need for assistance should exist. This assistance should be reserved for instances where the student is in danger of not participating due to dire financial stresses in the home. Many fund raising opportunities are available through the BBOP for students to raise money.
- 2) Student and family should participate in the many fund-raising opportunities we provide to the fullest extent possible. There are dozens of fund-raising projects for students throughout the year, and BBOP offers Bingo as a way parents can raise money for their children. Considering your child's activity level in school, and your busy schedule, we ask you show good-faith by getting as involved as you can.
- 3) Students are asked to perform a service for the orchestra above and beyond musical performance to help "earn" scholarship money. Students may help as librarians, managers, or as administrative assistants throughout the year. This can be arranged by having the student meet with me to set up details.

The next step would be for your child to meet with me to go over what he/she could do this year as far as scholarship work is concerned. We will make up the difference on trip prices over any fund-raising money they accumulate in their accounts. If there are any questions, please call me at the number above, or at home at (330) 549-0083. Thank you for making us aware of the situation, we will be glad to try and help.

Frank Dispenza  
Orchestra Director



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## Application for Assistance Scholarship

NAME: \_\_\_\_\_ GRADE (this year): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

PARENTS: \_\_\_\_\_

INSTRUMENT: \_\_\_\_\_ CLASSICAL \_\_\_ SYMPHONY \_\_\_ CHAMBER \_\_\_

SEEKING ASSISTANCE FOR: \_\_\_ STATE TRIP \_\_\_ NATIONAL TRIP \_\_\_ OTHER: \_\_\_\_\_

THE BOARDMAN ORCHESTRA, THROUGH THE BOARDMAN BAND AND ORCHESTRA PARENTS ASSOCIATION (BBOP) AGREES TO OFFER MONETARY SUPPORT TOWARD YEARLY TRIP EXPENSES FOR THE ABOVE NAMED STUDENT IN EXCHANGE FOR SERVICES RENDERED FOR THE GOOD OF THE ORCHESTRA AND IT'S MEMBERS BY THE STUDENT, AND A COMMITMENT TO HELP OUT THE BBOP BY THE PARENTS OF THE ABOVE MENTIONED STUDENT BY PARTICIPATING IN AS MANY BBOP ACTIVITIES AS POSSIBLE.. STUDENTS AND PARENTS ARE EXPECTED TO PARTICIPATE IN THE MANY FUND RAISING OPPORTUNITIES OFFERED BY THE ORCHESTRA AND BBOP.

FIRSTLY, A GENUINE NEED MUST EXISTS FOR THE STUDENT TO BE CONSIDERED FOR ASSISTANCE. THIS SCHOLARSHIP SHOULD ONLY BE USED WHEN STUDENTS ARE IN DANGER OF NOT PARTICIPATION SOLELY DUE TO FINANCIAL PROBLEMS WITHIN THE HOME. STUDENTS AND PARENTS SHOULD KEEP A LOG OF HOURS WORKED ON BEHALF OF THE ORCHESTRA OR BBOP SO THAT FAIR REMUNERATION BASED ON PARTICIPATION CAN BE FIGURED OUT.

THIS DOCUMENT WILL ACT AS THE CONTRACT TO FACILITATE THIS AGREEMENT. PLEASE CHECK ANY OF THE BELOW SERVICES YOU COULD PROVIDE TO THE ORCHESTRA PROGRAM OR BBOP TO SATISFY REQUIREMENTS OF THE SCHOLARSHIP.

### STUDENT SERVICES

- \_\_\_ Orchestra Librarian.
- \_\_\_ Orchestra Manager
- \_\_\_ Administrative Assistant
- \_\_\_ Lab Assistant
- \_\_\_ Instrument Assistant
- \_\_\_ Other: \_\_\_\_\_

### PARENT SERVICES

- \_\_\_ Bingo.
- \_\_\_ Committee Chair or event chair.
- \_\_\_ Fund raising helper.
- \_\_\_ School-day help.
- \_\_\_ Event chaperone during school day.
- \_\_\_ Event chaperone after school day.
- \_\_\_ Other: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_  
(STUDENT SIGNATURE)

\_\_\_\_\_ DATE: \_\_\_\_\_  
(PARENT SIGNATURE)

PLEASE RETURN THIS FORM TO MR. DISPENZA