

WOHS MUSIC BOOSTERS

STUDENT ACCOUNTS FUND REQUEST

DATE: _____

STUDENT'S NAME: _____

STUDENT'S GRADE: ___ 9th ___ 10th ___ 11th ___ 12th

PARENT'S EMAIL: _____

PARENT'S PHONE #: _____

AMOUNT REQUESTED: \$ _____

MUSIC TEACHER TO RECEIVE PAYMENT: _____

MUSIC RELATED USE OF FUNDS:(INDICATE ONE)

___ TRIP – DESTINATION - _____

___ BAND CAMP

___ MUSIC PROGRAM EXPENSES – (SPECIFY) _____

___ ACCOUNT BALANCE TRANSFER – (SIBLING ONLY)

NAME OF SIBLING - _____

PARENT NAME

PARENT SIGNATURE

PLEASE SUBMIT COMPLETED FORM TO: studentaccounts@wohsmusic.org

Note:

You will receive an email when the fund request is processed. Payment will be forwarded on to the appropriate WOHS staff on behalf of the student.