

## Student Financial Hardship Form

**STUDENT NAME:** \_\_\_\_\_

Please write briefly below your request for a financial payment plan. Please let us know how and when you will be able to pay the band booster fee for the 2018 - 2019 school year. It is essential that we have this information now in order to plan for this year's activities.

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Provide a payment schedule with dates below:

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Parent Signature: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Have you applied to the PLSD for Pay to Participate Assistance? \_\_\_\_\_ Y \_\_\_\_\_ N

All information will be kept in strict confidence with the Pickerington Central Music Boosters