

## 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 2021/2022 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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Have you applied to the PLSD for Pay to Participate Assistance? \_\_\_\_ Yes \_\_\_\_ No

\*By signing below, you are agreeing to share a copy of the response of the PLSD decision regarding this request. the President or Treasurer of PCMB.

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

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

Requests and information provided will be kept in strict confidence with the Pickerington Central Music Boosters.