Application	for Financial	Assistance for	an Ontional	Trin or Camp
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Date of Application		School	I BHS			
	Studen	t information				
Student Name		Student ID				
Student Grade	•	Parent Name				
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Event	Information				
Class / Activity	Marchin, Band	Trip Date	Dec 4-8,2025			
Trip Name	Marchin, Band Trip Date Dec 4-8, 2025 Pearl Harbor Parade, Hawaii					
All information provided on this form will be kept confidential. Full cost will be bitween \$ 2300 - \$ 2500 per stadiat						
Please check the appropriate box:						
☐ I am requesting assistance for the full cost of the trip.						
☐ I am applying for a partial assistance and plan to pay \$						
Please describe your financial need/hardship:						
· L						
Parent Signature:						
completed forms should be returned to the Accounting Office by April 16, 2027,						