

**MANTENO SHOW CHOIR BOOSTERS
FINANCIAL ASSISTANCE REQUEST FORM**

NAME OF APPLICANT: _____

STUDENT NAME: _____

DATE OF REQUEST: _____

.....
Amount Requested: \$ _____

Reason for Assistance: _____

Mail Completed Form to:
Manteno Show Choir Boosters
P.O. Box 384
Manteno, IL 60950

.....
FOR BOARD USE ONLY:

_____ APPROVED AMOUNT GRANTED: \$ _____

_____ DENIED

EXPLANATION: _____

SIGNATURE / TITLE

DATE: _____

Please be advised that if you are granted financial assistance, you will be required to volunteer for at least 16 hours, i.e., volunteering for fundraisers, chaperoning for competitions, etc.