



WARREN MOTT BAND CLUB

Student Annual Scholarship Winner Reimbursement Request Form

Annual Scholarship Reimbursement Information

Student Name (Print): _____

Total Amount Requested: _____

Date: _____

Student Signature: _____

Scholarship Funds Spent On:

- Lessons Camp (other than the WMBC's own camp)
- New Instrument
(Director approval required)

Directors Signature:
(For New Instrument Only)

Date: _____

Make check payable to: _____

Address (if check will be mailed): _____

Additional details of request:

All receipts for the amount requested must be stapled to this form. Requests cannot be processed unless original receipts or canceled checks (cover any account numbers) are attached.

Committee Approval

Approved

Rejected

Committee Comments:

CHECK # _____

Committee Initials

Date: _____

For processing, mail form and receipts to: WMBC Scholarship c/o Aaron Yacks, 30232 Gruenburg Drive, Warren, MI 48092 **OR** bring to any monthly band club meeting.