

Criteria for Distribution

Family Income

The gross annual family income is based on the income guidelines for the Free-Reduced Lunch Program. Other extenuating circumstances may be considered.

2 person family	3 person family	4 person family	5 person family	6 person family
\$39,128	\$49,303	\$59,478	\$69,653	\$79,828
Amounts effective July 1, 2025 through June 30, 2026				

Approved Expenditures

- ♪ Instrument: rental, repair, and supplies
- ♪ Band Camp registration
- ♪ Required Performance Clothing (shoes, season T's, etc.)
- ♪ School Participation fees
- ♪ Honors/All-State Band expenses
- ♪ Band Trip Fees
- ♪ Other related expenses: must be approved by the Herb Streitz Memorial Band Fund Advisory Committee

Request Limits

- ♪ The number of requests funded is limited by the number of dollars available to grant in any year.
- ♪ Applications will be reviewed at a minimum of twice a year. June 15th and Jan 15th
- ♪ Individuals may receive no more than \$300 per year and families may receive no more than \$750 per household (more than 2 students per household)
- ♪ The amount received must not exceed 75% of the total annual band expenditures in a 13-month period. There must be an effort of payment of expenses by the family before funds will be considered for distribution.

Selection Process

Funding, according to the guidelines established by the Herb Streitz Memorial Band Fund advisory committee, will be determined by Waseca's Director of Instrumental Music and the Band Booster Treasurer who will submit funds in confidence.

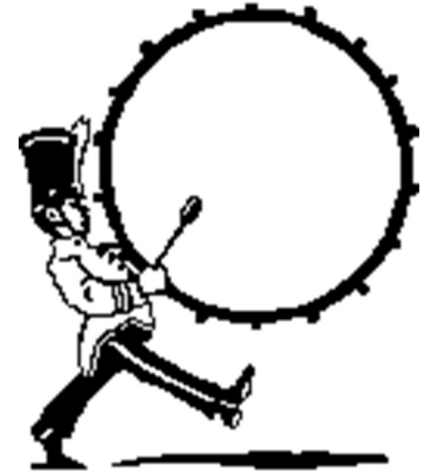
Application Process

Students/Parents must complete an application form and submit it to the Band Booster Lock Box in the High School Band Room or the High School Office.

Application form on Back

Herb Streitz Memorial Band Fund

Of the Waseca Area Foundation



TO ASSIST QUALIFYING STUDENTS TO PARTICIPATE IN WASECA SCHOOL BAND PROGRAMS.

**WASECA AREA FOUNDATION
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WASECA, MN 56093**

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pota@waseca.k12.mn.us
www.wasecaareafoundation.org

HERB STREITZ MEMORIAL BAND FUND

of the Waseca Area Foundation

Request YEAR: 20__ - 20__ Application Form Date Submitted to Office: _____

Student Name : _____ th Grade (of request year)

Print ...Parent(s)/Guardian(s): _____

Address: _____

Parent/Guardian: Guardian #1 Cell: _____ Guardian #2 Cell: _____

Guardian #1 E-mail: _____ Guardian #2 E-mail: _____

Name and current grade of siblings in band (at any Waseca School)

_____ grade = _____

_____ grade = _____

Annual or Monthly Family Gross Income: \$ _____ year

\$ _____ month

Office Use Only:

Eligibility Verified

Student Applicant's current year band expenses:

Description of Eligible Band Expense (see reverse side for list):

Total Amount:

Portion Paid Personally:

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

- This section is important in determining a scholarship award amount that does not exceed 75% of total annual band expenditures.
- Provide copies of bills/invoices for all non-school and non-Band Booster fee items shown in "Total Amount" column above.
- Provide receipts/payment confirmations for all non-school and non-Band Booster fee items in "Portion Paid..." column above.

Scholarship Request Details:

Upon scholarship award, I prefer distribution as follows:

Name of Vendor/Guardian to pay/reimburse:

Amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Requested: \$ _____ Signature: _____

RETURN YOUR COMPLETED FORM to the Jr&Sr High School office at 1717 2nd St. NW, Waseca.
ELIGIBILITY WILL BE VERIFIED and forwarded to the Herb Streitz Memorial Band Fund Committee for processing. (via Karla Jerry/JHHS Office Manager). AWARDED funds will be announced to parents via e-mail by BAND BOOSTERS (treasurer@wasecabands.org)

Office Use only:

Submitted to Streitz/Band Booster Committee: ____ - ____ - ____

Awarded Scholarship Amount \$ _____ Date: _____ Check # _____