

Early Childhood Music School

Williamsburg United Methodist Church
500 Jamestown Road
Williamsburg, VA 23185
ECMS.Williamsburgumc.org (757) 229-1771

Thank you for applying for the scholarship program. The ECMS Advisory Board members recognize that children benefit greatly from music-and-movement education. The intention of this scholarship is to make our classes accessible to as many children in our community as possible. Because funding is limited, however, we must screen applicants. Please return the completed application by **August 25, 2025** to the attention of Anthony Williams, Director. While we reserve the right to verify information provided, it will remain completely confidential.

Do you need assistance completing this application? Yes _____ No _____. If "Yes," please contact Anthony Williams before proceeding: MrAnthony.ECMS@gmail.com or (757) 229-1771.

Scholarship Application (must be re-submitted annually)

Student's Name: _____ *Please circle level below:*

First Music, Beginners, Explorers, YM Year 1 or Year 2, Keyboard 1 2 3 4 Guitar
(4-17 months) (18-35 months) (3-4 years) (4-5 years) (5-6 years) (6-10 years) (8-14 years)

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Parent(s)/Guardian(s)' Names: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

E-mail Addresses: _____

Co-Applicant's Employer: _____ Phone: _____

If none, is Co-Applicant's unemployment temporary? Yes _____ No _____ *If "No" please explain:*

Co-Applicant's Employer: _____ Phone: _____

If none, is Co-Applicant's unemployment temporary? Yes _____ No _____ *If "No" please explain:*

Total gross annual income from employment for adults contributing to household: \$ _____

*Number of dependent children in household: _____ Number of adults in the household: _____

**Include all adults and children residing in the home even if they are not related by blood.*

Total annual income from other sources: \$ _____ (For example: unemployment benefits, lottery winnings, bonuses, gifts from family members, tips, rental income, nonemployee compensation, interest, severance pay, veterans' benefits, other scholarships, child support, alimony, disability benefits, welfare, pension, social security, commissions)

Please answer the following questions:

1. *Do you file Federal Income Taxes annually? Yes _____ No _____
2. Do you qualify for Child Tax Credit? Yes _____ No _____
3. Do you qualify for Earned Income Credit? Yes _____ No _____
4. Have you had recent or unusual medical expenses not covered by health insurance? Yes _____ No _____
If "Yes" approximate amount \$ _____
5. Do you _____ own or _____ rent your home? Annual mortgage or rental cost: \$ _____
6. Approximate annual utilities cost: \$ _____
7. Are there others (including nonfamily) living in the home who contribute to the total household income?
Yes _____ No _____ If "yes" what is the total annual amount? \$ _____

Once your application has completed the first review process, you may be asked to provide copies of your 2024 income taxes or past 3 months' pay stubs or benefit compensation checks.

If your financial need results from a temporary situation, please explain. If you need more space, feel free to attached additional page(s):

Please give a brief statement about your reasons for wanting to enroll your child(ren) in music-and-movement classes:

Is there any other information that would help us decide regarding this application?

I hereby authorize and request any present or former employer, financial institution, government agency or other person having personal knowledge about me or my family, to furnish the Early Childhood Music School of Williamsburg United Methodist Church with information regarding me in connection with my application for scholarship funds. I certify that all information is true and complete, and that I have accounted for all income received during the past 12 months. I understand that misrepresentation or omission of information may be cause for cancellation of my consideration for scholarship assistance.

Printed Name: _____

Applicant's Signature: _____ Date: ____/____/____

Printed Name: _____

Co-Applicant's Signature: _____ Date: ____/____/____

Note: All information included in the application is strictly confidential and will not be shared with any entity.

This institution does not discriminate on the basis of race, religion, color, national origin, gender or disability.