



Early Childhood Music School

Williamsburg United Methodist Church

500 Jamestown Road

Williamsburg, VA 23185

ECMS.Williamsburgumc.org (757) 229-1771 x108

Thank you for applying for financial assistance. The ECMS Advisory Board members recognize that children benefit greatly from music-and-movement education, and we wish that we could award scholarships to all that apply. Because funding is limited, however, we must screen the applicants carefully to ascertain eligibility. Students who are already enrolled or have been receiving scholarship assistance receive priority status for assistance. Before applying, refer to this chart, which lists the maximum family income allowed to qualify for either a partial or full scholarship.

GROSS INCOME CHART			
<i>Effective July 1, 2024 to June 30, 2025</i>			
Household Size	Annual	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
<i>For each additional family member add</i>	+ 9,953	+ 830	+ 192

Please return the completed application by **September 15, 2024** to the attention of Anthony Williams, Director. While we reserve the right to verify the information provided, it will remain 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 x 108.

Scholarship Application (must be re-submitted annually)

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

First Music, Beginners, Explorers, YM Year 1 or Year 2, Keyboard 1 2 3 4 Guitar 1 2 Adult

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First Music, Beginners, Explorers, YM Year 1 or Year 2, Keyboard 1 2 3 4 Guitar 1 2 Adult

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First Music, Beginners, Explorers, YM Year 1 or Year 2, Keyboard 1 2 3 4 Guitar 1 2

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First Music, Beginners, Explorers, YM Year 1 or Year 2, Keyboard 1 2 3 4 Guitar 1 2

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 the 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 members) living in the home who contribute to the total household income?
Yes ___ No ___ If "yes" what is the total annual amount? \$ _____

*With your application, include a copy of your income tax statement from the previous fiscal year.

Your application will not be processed without this documentation.

If your financial need results from a temporary situation, please explain (If you need more space, feel free to use the back of this page):

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 make a decision 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: ____/____/____

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