



## EMC CHILDREN'S CHORUS SCHOLARSHIP APPLICATION

This form is to be completed by the parents of students who wish to participate in the 2016-17 season. EMC Children's Chorus provides a limited number of scholarships for students with genuine financial need who could not otherwise participate in the program. Families and students are expected to contribute as much as possible.

**INSTRUCTIONS:** Please complete the following forms completely & accurately, sign, and seal in an envelope with "To EMC Children's Chorus Scholarship Fund" on the front. Deliver the completed application or send to our office at:

Elgin Master Chorale, 1700 Spartan Dr. H104, Elgin, IL 60123. Scholarship decisions are made based upon available funds and financial need and are made by elected officers.

Incomplete or unsigned applications will be returned. Additional information or records may be requested and all information will be kept confidential. If you have questions, call Barbara at 847-214-7225 or email at [blewis@elgin.edu](mailto:blewis@elgin.edu)

### STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Soc. Security # (last 4 digits only): \_\_\_\_\_

Student's Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address of Student: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT INFORMATION:** (Please list both parents unless deceased, even if separated or divorced)

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of dependent children of the parent(s), counting the student for whom assistance is sought \_\_\_\_

Number of people living in household \_\_\_\_\_

Please indicate below the amount that you can contribute for your student.

Amount of fees due: \$ \_\_\_\_\_

Amount parents are able to pay: \$ \_\_\_\_\_

Amount student is able to pay: \$ \_\_\_\_\_

Scholarship Amount Requested: \$ \_\_\_\_\_

In the space below please explain your reasons for requesting a scholarship from EMC Children's Chorus:

---

---

---

---

## CONFIDENTIAL

### FINANCIAL INCOME

Gross monthly income of parents: \$\_\_\_\_\_. (Please provide some proof of this income amount such as last year's first page of your 1040 with the Social Security numbers crossed out.)

Stated amount is based on:  last year's income  expected income during next 3 months  
(Include work earnings, welfare payments, child support, pension, retirement, Social Security, dividends, etc.)

Please indicate if you are receiving assistance from any public entity. (Check all those that apply and provide requested information.)

Public Aid Source: \_\_\_\_\_ AFDC Case # \_\_\_\_\_

Food Stamps Food Stamp # \_\_\_\_\_ Case # \_\_\_\_\_

Free School Lunch / Reduced School Lunch

Other (Please list)

---

---

---

---

Indicate those who are currently unemployed:  Father  Mother  Student

For those marked above, indicate any that are currently receiving unemployment benefits.

---

### OTHER COMMITMENTS

Please indicate if any of the following apply:

Yes/No This student attends a private school. If yes, list school: \_\_\_\_\_

Yes/No This student has his/her own cell phone.

Yes/No This student receives lessons or participates in other organizations or activities that require payment of fees. If so, please list them below. (Do not include mandatory school registration fees.)

ACTIVITY AMOUNT PAID FOR ACTIVITY

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**VERIFICATION AND SIGNATURE**

I/We, the undersigned, being the parent(s) or guardian(s) of the above-listed child do hereby certify that information provided is true and correct and that I/we are not able to financially contribute the amount requested above for my/our son or daughter to be able to participate in the program listed above. I/we will also provide, if requested, income information to verify this fact.

I/We will also provide substantial volunteer help above and beyond the norm for this production.

\_\_\_\_\_

Signature of Father or Guardian Date

\_\_\_\_\_

Signature of Mother or Guardian Date

ADULT CONTACT INFORMATION FOR SCHOLARSHIP RESULTS:

Phone No.: \_\_\_\_\_  Father  Mother  Guardian  Student

Email for Adult Contact: \_\_\_\_\_

OFFICE USE:

Scholarship Approved. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

Scholarship Denied. Date: \_\_\_\_\_ Initials: \_\_\_\_\_