NoVa Music Makers Scholarship Fund Application Rules and Procedures

1. The NoVa Music Makers Scholarship is available to children (age 10-18 years of age, or until they graduate from high school) of low-income households residing in the Alexandria, VA area. Low-income households are those whose Adjusted Gross Income (AGI) is less than twice the federal poverty level.

2. Financial need can be based on the most currently filed IRS Form 1040 (or 1040-SR, 1040NR, 1040EZ or equivalent) or at least two of the following:
    1. Signed statement by the applicant (parent or guardian) indicating family income does not exceed 200% of the federal poverty level for the family's household size, based on the HHS Poverty Guidelines Table.
    2. Proof of student's eligibility for the federal free and reduced lunch program.
    3. A letter from a public or private not-for-profit school administrator, teacher, counselor or social worker indicating a financial need.

3. Scholarships are for one calendar year and can be renewed as long as the student is in good standing with the music school and #1 above still applies.

4. Scholarship preference will be given to returning students in good standing.

5. Students must attend every lesson. If a student cannot attend a particular lesson, they or their parent/guardian must arrange for a make-up lesson with the school and/or instructor. More than two unexcused absences will be grounds for cancellation of the scholarship.

6. Scholarships are only available for use at one of our partner schools.

7. The MMSF will work with the partner schools to ensure each student has an instrument of acceptable quality and in good working condition. The student will be responsible for the care of any instrument.

8. Submit the application to info@AlexandriaMusicMakers.org or mail to 405 Fontaine St., Alexandria, VA 22302.

9. An Alexandria Music Makers Scholarship Fund board member will contact the parent/guardian to finalize the details.

NoVa Music Makers Scholarship Fund Application

Name: _____

Birth Date: _____ Age: _____

Home Address: (Street and/or apt)_____

(City) _____ (ZIP)_____

Primary School: _____ Grade:_____

Musical experience (vocal and instrumental): _____

_____

_____

Instrument you want to learn: _____

Do you have an instrument to practice with? _____

Music school you want to attend: _____

Desired lesson start date: _____

Please describe why you want to learn that instrument at that school:

_____

_____

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_____

I agree to attend every lesson or arrange for a make-up lesson with the school/instructor. I understand that two or more unexcused absences is grounds for cancellation of the scholarship. I agree to care for any instrument provided to me and return loaner equipment when requested.

Applicant Signature: _____ Date:_____

Parent/Guardian Consent:

I agree to allow (applicant) _____ to attend musical lessons at (school) _____ beginning (date) _____.

I will ensure attendance at every lesson or arrange for a make-up lesson with the school/instructor. I understand that two or more unexcused absences is grounds for cancellation of the scholarship. I will ensure provided instruments are properly cared for and loaner equipment is returned when requested.

Name: _____

Relationship: _____ Date: _____

Phone Number: _____

Email Address: _____

Signature: _____