

JOYOFMOTIONDANCECENTER®

Please complete the entire application form and **attach the following:**

If you filed Tax Returns in 2015, please attach Pages 1-2 of IRS Form 1040 - US Individual Income Tax Returns for 2015 (please redact SSNs)

OR

If you did **not** file Tax Returns in 2015, please explain on a on Page 3 of this form and attach any available supporting documentation

AND

Short statement about what why the student wishes to or study dance; older students should write their own statements and parents/guardian can write on behalf of younger students

Household Information

Student Applicant

Name: _____ School: _____

Age: _____ Current Grade: _____

Parent/Guardian A

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian B

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Student resides with:

Both Parents/Guardians Only Parent/Guardian A Only Parent/Guardian B

Is email a reliable way to reach you?

YES NO, please call instead

Class Information

For which session are you applying? Fall Winter/Spring Summer

For which studio location? Atlas Bethesda Friendship Heights

How *many* classes is the student interested in taking? 1 class/week 2- 3 classes/week

Or has the student been accepted into a Youth Company or the Youth Dance Ensemble?

YES, accepted into _____ (*company name*) NO

Was the student enrolled at Joy of Motion in 2015-16? YES NO

Financial Information

Please detail current or most recent employment. Write "N/A" if the question does not apply.

Parent/Guardian A

Employer: _____ Dates of Employment: _____ to _____

Estimated Total Wages/Compensation for **Sept 1, 2016 – August 31, 2017**: _____

Other Employer : _____ Dates of Employment: _____ to _____

Estimated Total Wages/Compensation for **Sept 1, 2016 – August 31, 2017**: _____

Parent/Guardian B

Employer #1: _____ Dates of Employment: _____ to _____

Estimated Total Wages/Compensation for **Sept 1, 2016 – August 31, 2017**: _____

Other Employer: _____ Dates of Employment: _____ to _____

Estimated Total Wages/Compensation for **Sept 1, 2016 – August 31, 2017**: _____

Other Current Income

Social Security/Disability: \$_____/month

Food Stamps: \$_____/month

TANF: \$_____/month

Child Support: \$_____/month

Alimony: \$_____/month

Unemployment: \$_____/month

Additional Information

List all children and/or dependents (please specify) residing in your household and any schools that they currently attend.

Optional: are there any extenuating circumstances that you would like us to consider when determining your award? Examples include a relative in need of special care, an uninsured natural disaster or medical event, and significant student debt. If you did not file tax returns, please elaborate here.

Please mail or email a complete application the address below. Please do **not** bring applications to the studios. We cannot accept them there.

If you have questions about or would like some assistance with the application, please feel free to get in touch with us! We are glad to help.

Joy of Motion Dance Center
c/o Youth Financial Aid
1638 R Street NW – Suite 300
Washington, DC 20009

financialaid@joyofmotion.org

202-907-5113 (direct line)

Application Policies

- Full and partial assistance may be awarded and decisions are based on financial need and availability of funding.
- Applicants must reapply each school year and submit an extension form for summer classes when applicable.
- All financial and personal documents are considered private and confidential.
- Joy of Motion may quote from the student's essay and identifying information will be removed in that case. Please make a note below if you do *not* wish to allow this.
- If partial assistance is awarded, the parent or guardian can either pay the balance in full before the first class or set up a payment plan.
- Should financial aid be declined, applicants are still eligible for payment plans.

- *Note:* Please submit **all** required documents. A completed application also does not guarantee that financial aid will be provided.

I have reviewed and understand these policies.

Signature

Date