



**REQUIRED ATTACHMENTS** *(check one):*

**YES**, I was required to file taxes in 2018 or 2019 and have attached pages 1-2 of my most recent Form 1040 US Individual Tax Return

**NO**, I was not required to file taxes. I have attached a recent paystub and/or verification of public assistance. *(Please see page 3 of this form.)*

**Student # 1 - Applicant Information**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Student # 2 - Applicant Information** *(leave blank if not applicable)*

Name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Student # 3 - Applicant Information** *(leave blank if not applicable)*

Name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Parent/Guardian A Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian B Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: *(check one)*  Same as Above  Different from Above  Unknown

How many people live in your household? \_\_\_\_\_ (# dependents) \_\_\_\_\_ (# adults)

Who is the Applicant’s custodial parent?

\_\_ Parent/Guardian A      \_\_ Parent/Guardian B      \_\_ Both      \_\_ Not Applicable

Who is able to contribute to the Applicant’s tuition?

\_\_ Parent/Guardian A      \_\_ Parent/Guardian B      \_\_ Both      \_\_ Not Applicable

Program Information

Which studio would the student like to attend? \_\_ H Street    \_\_ Bethesda    \_\_ Friendship Heights

Has the student been accepted into the Dance Institute and/or a Youth Performance Company?

YES, accepted into \_\_\_\_\_ (program name)      \_\_ N/A

Financial Information

**Parent/Guardian A**

Please estimate your income for **this school year + summer** (September 2018 – August 2019):

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Estimated Total Wages/Salary for School Year 2019-20 (Sept. to Aug.) \_\_\_\_\_

**Parent/Guardian B**

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Estimated Total Wages/Salary for School Year 2019-20 (Sept. to Aug.) \_\_\_\_\_

**Do you have additional sources of income or support?** (please list in the space below)

**Are you eligible for and/or receive any of the following?** (please list amounts)

Social Security: \$ \_\_\_\_\_/month      Unemployment:      \$ \_\_\_\_\_/month

TANF:      \$ \_\_\_\_\_/month      Child Support:      \$ \_\_\_\_\_/month

SNAP:      \$ \_\_\_\_\_/month



**Please email a complete application the address below.** Please do **not** bring applications to the studios. *We cannot accept them there without advanced notice.*

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.

[financialaid@joyofmotion.org](mailto: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 only need to reapply once annually (before the new school year).
- 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