



Scholarship Application

Please select which type of financial assistance you are applying for.

ONE TIME FINANCIAL HARDSHIP SCHOLARSHIP (short-term assistance)

The purpose of ESA's scholarship fund is to assist families who may be experiencing temporary financial hardship.

SCHOLARSHIP QUALIFICATIONS

- Experiencing temporary financial hardship
- Plans on being able to pay full tuition within 1-3 months

VOLUNTEER-EXCHANGE SCHOLARSHIP (long-term assistance)

It is our desire at ESA for students to have an opportunity to pursue the arts regardless of their family's financial situation. The Volunteer-Exchange Scholarship is designed for parents and/or adult dancers to give their time volunteering at ESA in exchange for tuition. The scholarship is intended for families who could not otherwise afford classes. It is not intended for families to simply be given a discount on classes if they could otherwise afford them.

SCHOLARSHIP QUALIFICATIONS

- At least 18 years of age
- Passes a background check (required by our liability insurance)
- Completes application and shows need for financial assistance

SCHOLARSHIP EXPECTATIONS

- Volunteers are expected to show up at their scheduled time. They should only miss in the event of an emergency. If volunteer will be out of town, the studio manager must be informed two weeks prior to the absence so we can arrange for someone to fill in.
- We expect volunteers to abide by our modesty dress code and portray a Christ-like attitude while in the studio.
- Volunteers are expected to uphold the integrity of the school and not participate in gossip.
- Students of volunteers are expected to only be taking classes at ESA while on scholarship. If they are paying another studio for classes, and leading ESA to believe that they are unable to contribute financially toward classes, they will no longer qualify for any scholarships at ESA.

APPLICATION PROCESS

Once you have submitted your application, we will review the information and get back with you as quickly as possible. If you qualify for the scholarship, we will work with you to arrange your volunteer hours and schedule your/your student's classes. Bring your completed application to the studio, or mail to:

Ecclesia School of the Arts: P.O. Box 3464 Lynchburg, VA 24503

APPLICATION

Applying for a FULL SCHOLARSHIP PARTIAL SCHOLARSHIP

If applying for a partial scholarship, what amount are you able to contribute monthly?

Please briefly explain your need for financial assistance:

APPLICANT INFORMATION

Applicant's Name:

Phone Number:

Email:

Birthday:

Mailing address:

STUDIO INVOLVEMENT

How many years (if any) has your family been involved at ESA?

How many students from your family will be enrolled at ESA Fall of 2020?

How many classes total will all your family members combined be taking?

Are you willing to help with fundraisers? YES NO

Have you volunteered at ESA before? YES NO

Why do you desire to be a part of ESA?

HOUSEHOLD INFORMATION

Total Annual Gross Household Income

- \$0 - \$10,000
 \$11,000 - \$19,000
 \$20,000 - \$30,000
 \$31,000 - \$40,000
 More than \$41,000

Are you a single parent? YES NO

If yes, are you employed?

NO PART-TIME FULL-TIME

If married, is your spouse employed?

Number of persons in the household
(including self)

NO PART-TIME FULL-TIME

If no one in your household is employed, please explain why.

Are you currently pursuing an education at a college or university? YES NO

If yes, where are you enrolled?

Is your spouse currently pursuing an education at a college or university? YES NO

If yes, where are you enrolled?

APPLICATION AGREEMENT

I am submitting this application because there is no other way that I/my student could otherwise take classes. The information I listed is truthful, and if my financial situation changes mid-year, I agree to notify ESA. I agree that I/my student will not take PAID classes privately or from another studio while on scholarship at ESA. If I/my student enrolls at another studio and is able to pay tuition, I understand that ESA will view this as dishonest and I may not continue to be eligible for a volunteer-exchange scholarship. I understand that ESA has the right to retract my scholarship at any time. If I am given a volunteer-exchange position, I agree to uphold the ESA Code of Conduct.

Applicant's signature

Date

If applying for the Volunteer-Exchange scholarship, please fill out background check authorization on next page.

NOTICE – BACKGROUND INVESTIGATION

In connection with your role at Ecclesia School of the Arts (ESA), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment/volunteer/independent contract purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and will continue throughout the course of your involvement with ESA, and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my involvement with ESA.

Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____

APPLICANT DATA COLLECTION

TODAY'S DATE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

Please List Other Names Used: _____

Social Security Number: _____

Driver's license or STATE ID _____ STATE ISSUED _____

For identification purposes only, please provide FULL DOB: _____