



PIEDMONT EAST BAY CHILDREN'S CHOIR

Scholarships

As a leading educational and arts organization, Piedmont East Bay Children's Choir offers a rich and balanced program in choral music for students from throughout the San Francisco Bay Area, ages 4 – 18. As the Choir is dedicated to making this program available to all students, the Choir sponsors a need-based Scholarship Fund that is partially funded through our annual appeal, fundraising events and private donations.

To be considered for a scholarship, applicants **must** remit the following by the appropriate deadline:

A. Scholarship Application

- B. Sign the **Scholarship Contract** (last page of this form). Those seeking financial assistance must sign a simple contract acknowledging their responsibilities as choir members and agreeing that early withdrawal from the Choir may lead to revocation of the scholarship award.
- C. Copy of **first page of most recent Federal Income Tax Return** or similar government documentation showing gross income and number in household.
- D. Non-refundable \$100 deposit.

NOTE: Because of the high demand for scholarships, applications received after a deadline will not be considered. Scholarship applications are reviewed and awards granted by the Scholarship Committee whose decisions are final. A new application and supporting materials must be submitted each year. Awards may vary from season to season based on availability of funds, regardless of past history.

Piedmont East Bay Children's Choir

A. Scholarship Application Please submit one application form for **each** child for whom you are seeking scholarship assistance.

Application Filing Deadlines

(Please indicate below with an "X" what you are applying for)

Performing Department		
Camp and Choir Year		APRIL 15
Choir Year Only (Ecco and Ancora)		JUNE 15

Training Department		
Camp or Choir Year		ROLLING

Date of application: _____

Name of Chorister: _____

In which of our choirs will your child be singing with during the scholarship period?: _____

Child's Date of Birth: _____ # of Years in PEBCC: __ Current School: _____

_____ Current Grade: _____ Sibling(s) currently enrolled in PEBCC: _____

Ethnic/cultural background (optional) [Foundations funding our scholarship program ask for information concerning the ethnic/cultural makeup of our scholarship recipients. Your willingness to supply this information will greatly assist us in being able to apply for these funds, but does not impact scholarship decisions.]

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> More than one ethnicity
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other or _____ Decline to State |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Parent Name: _____
 Home Address: _____
 Occupation: _____ Employer: _____
 Email: _____ Daytime Phone: _____
Second Parent Name: _____
 Home Address: _____
 Occupation: _____ Employer: _____
 Email: _____ Daytime Phone: _____

Parent(s)/Guardian(s) is/are: Married Divorced Single Widowed

Parent/Guardian Income Summary [PLEASE FILL OUT COMPLETELY]:

Adult #1: _____
Name Occupation/Employer

Adult #2: _____
Name Occupation/Employer

Child/spousal support: \$ _____ AFDC/Social Security income: \$ _____

Total monthly household income: \$ _____ # of persons living in household: _____

Please use the space below to provide any additional information you feel would be helpful in assessing your needs and why your child may benefit from the program: (Feel free to attach additional sheets if desired.)

B. SCHOLARSHIP CONTRACT Please read the entire contract before signing.

I, the undersigned, understand that my acceptance of financial aid enabling my child to participate in the Piedmont East Bay Children's Choir constitutes an agreement between the Choir and myself. For the financial assistance I receive, I agree that my chorister will participate fully in the Choir for the term of the scholarship award. My child will maintain excellent attendance at rehearsals and performances, and conduct her/himself in a manner appropriate to achieving the aims of the choir; I understand that excessive absences or disciplinary problems are grounds for revocation of my scholarship award. If my economic circumstances improve sufficiently during the term of any scholarship aid I receive, I will notify the Choir that financial aid will not be required for the remainder of that term so that these unneeded funds can be directed to another deserving family.

PLEASE NOTE THAT WHEN ACCEPTING A SCHOLARSHIP, SINGERS ARE COMMITTING TO A FULL YEAR'S PARTICIPATION IN THE PROGRAM. SINGERS WHO WITHDRAW FROM CHOIR MID-YEAR AFTER ACCEPTING A SCHOLARSHIP WILL HAVE THEIR SCHOLARSHIPS REVOKED AND WILL BE RESPONSIBLE FOR PAYING THE BALANCE DUE.

I swear under the laws of the State of California that the information I have provided in my application is true and correct to the best of my knowledge. I agree that I will, on request, provide proof of any of the details I have related in my application. I further acknowledge that I have read the above agreement, and that I understand and accept the responsibilities set forth therein.

Signed: _____ Date: _____

Print Name: _____

C. Please attach a copy of the first page of your most recent Federal Income Tax Return, AFDC, SSI or current unemployment information. [For reasons of personal security, we suggest you black out all social security numbers.] If parents/guardians file separate tax returns, a copy of each must be provided. This application and its attachments will be kept completely confidential. Only the members of our Scholarship Committee will view the information you have provided. Applications submitted without such supporting materials cannot be considered for assistance.

D. A non-refundable deposit of \$100 is due with this application. We accept Visa or MasterCard.

I ENCLOSE MY CHECK FOR \$100 – payable to "Piedmont Choirs."

I WILL PAY BY VISA, MASTERCARD, OR DISCOVER.

Card # _____ Exp. Date _____

Name as it appears on card _____ Security code on back _____

Please mail or deliver completed Application, Contract and Page One of your most recent Income Tax Return along with a \$100 non-refundable deposit to:

Piedmont East Bay Children's Choir
Attention: Registrar
3629 Grand Avenue
Oakland, CA 94610

If you have any questions, please call the Registrar at (510) 547-4441x302. Thank you for your time in completing this application.