



Scholarship Application

Date _____

Jonesborough's

Mary B. Martin

Program for the Arts

Student Name (Please Print): _____

Date of Birth: _____ Current School Grade: _____ School: _____

Parent/Guardian Name: _____

Scholarship Application Period: Winter/Spring Summer Fall Workshop

Contact Phone Number: _____ Alternate number: _____

E-Mail Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

GENERAL GUIDELINES

- * Scholarship money is available for guardians that demonstrate a financial need. Scholarships will be provided based on family need demonstrated through both household size and income, and in some cases, principal and/or counselor recommendation.
- * The MBM Scholarship program has two semesters: Fall and Spring.
- * Applicants should submit a completed application along with the required documentation on or before the registration deadline.
- * Only completed applications submitted before the stated deadlines will be considered. Incomplete applications will not be eligible for consideration.
- * Scholarships are awarded on a first come, first serve basis.
- * Recipients will be notified at least 1 week prior to the start of the class.
- * Each person that is awarded a scholarship will have access to one course/workshop per semester.
- * Returning scholarship applicants must fill out new forms before each fall semester.
- * Parent(s) and student are both required to complete a total of 10 hours each of volunteer work with the Mary B. Martin Program for the Arts during the semester. Volunteer hours will be scheduled through the Education Director. If students miss class or drop out they will not qualify for scholarships in the future.
- * Applicants need to complete the entire scholarship application. Applicants must address all questions on the application and furnish the following information:
 - Proof of income-enclose a copy of a current pay stub for all members of your household who get paid for working.
 - A brief statement containing your work hours and the hours your child(ren) will be participating in MBM Program.

Once a decision has been made, the applicant will receive written notice as to whether or not scholarship money is available. Scholarships will not be retroactive. If you receive a scholarship for a partial year, but are asked to re-submit an application in 3-6 months it is your (the parents/guardians) responsibility to submit another application. Partial scholarships may be awarded as well. If your child is awarded a scholarship, you will be asked to submit payment of the remaining balance by the last day of registration. There are no refunds after the last day of registration.

Parent/Guardian's Employer Name & Occupation: _____

Employer Address: _____

Employer Phone: _____ Rate of pay & How often: _____

Please list all people living with you in your household (not including yourself):
(Write N/A for adult is not employed. Add additional sheets if necessary.)

Name: _____ Employed with: _____ Rate of pay & How often: _____

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Name: _____ Employed with: _____ Rate of pay & How often: _____

Please list any additional income sources for yourself or anyone else in you household, such as Alimony, Child Support, Social Security Benefits, Food Stamps, SSI, etc. (Write N/A if none, add additional sheets if necessary.)

Name: _____ Funding Received: _____ Amount: _____

Name: _____ Funding Received: _____ Amount: _____

Please list any additional financial assistance for yourself or anyone else in you household, such as housing assistance (HUD) or utility/energy assistance. (Write N/A if none, add additional sheets if necessary.)

Name: _____ Funding Received: _____ Amount: _____

Name: _____ Funding Received: _____ Amount: _____

Please communicate with staff regarding any extenuating circumstances of financial strain that should be considered as part of this application, i.e. medical bills, etc.

By signing below, I certify that to the best of my knowledge and belief that the above information is correct and complete. Employers will be called to verify monthly income. If I have made any misrepresentations on this application I will be asked to return any scholarship money received. Scholarship applications are reviewed on a semester basis, and ARE NOT retroactive, (i.e. If your application is reviewed in October, if approved, your scholarship will begin in November and you will be responsible for September and October).

Parent/Guardian Signature: _____ Date: _____

Spouse/Partner Signature: _____ Date: _____

	1st Choice	2nd Choice	3rd Choice
Class Name			
Instructor			

I _____ agree to complete 10 hours of volunteer time during the _____ semester.

Guardian Signature

Date

I _____ agree to complete 10 hours of volunteer time during the _____ semester.

Student Signature

Date

I _____ agree to ensure that my student be at every class meeting and understand that missing class may result in losing future scholarship opportunities

Guardian Signature

Date

I _____ agree to be present at every class meeting and understand that missing class may result in losing future scholarship opportunities.

Student Signature

Date

Please mail to:
The McKinney Center
103 Franklin Avenue
Jonesborough, TN 37659
You may also email this form to theresah@jonesboroughtn.org

FOR OFFICE USE ONLY

Items Needed	Date Received
Proof of Income	
Statement of Hours	
Program Hours Requested	
Other	

Number in Household	
Total Household Income	

Date Approved: _____ Scholarship Amount: _____ Beginning Date: _____
Date Denied: _____ Reason for denial: _____