

Kids Who Care

Hope Scholarship Program Guidelines

Purpose of Hope Scholarships: To provide Kids Who Care programming for all children, regardless of socioeconomic background. Hope Scholarships were developed to assist children who have the desire to participate at Kids Who Care but whose families are not able to provide financial support. The scholarships are not based on talent but on financial need.

Typical Family Profile but not limited to:

- Average annual income of \$25,000 or less.
- “Special circumstances “such as unusual expenses, loss of job, loss of spouse, major medical expenses, Single parent, multiple children etc.
*please refer to Annex 1 for special circumstances in Financial Aid application

Scholarship Information

Application for a Hope Scholarship is a two-step process. First, applicants must submit documentation to verify financial status. If the Hope Scholarship Committee determines that the applicant’s family meets the financial requirements, the applicant will then be scheduled for the audition portion of the process. Both are required to receive a scholarship.

Applicants and their families must provide the following documentation for pre-qualification:

- A completed Financial Aid application.
- Complete Annex 1 for Special Circumstances if applicable
- Most recent tax return and two most recent pay stubs.
- Letter of Recommendation from an adult who works with child. (Teacher, musical director, etc)

The applicant should prepare one of the following for the audition:

- a monologue or poem of less than one-minute
- a dance
- a verse and chorus of a song

Applicants singing or dancing must provide their own CD,
KWC does not provide a pianist, KWC will provide payback system
Students may sing acapella

The award of the Scholarship is based primarily on financial circumstances but the committee also considers past history of Hope Scholarship usage, family commitment, and standing of applicant when last participating in Kids Who Care programming.

Upon acceptance in the Hope Scholarship program:

- The family will receive written notification of the amount of the scholarship and the term of the award. In the event of partial scholarship, the family will also receive the balance due for the tuition.
- The family will be enrolled in the programming upon receipt of registration form, payment of the applicable scholarship fee and payment of balance due (if applicable).
- Scholarship Fees are:
 - \$100 fee per Musical Theatre Camp
 - \$125 fee for June Camp Plus and \$150 for July Camp Plus
 - \$100 fee per semester for Resident Company plus \$50 at registration once a year for costume and retreat expenses

- \$50 fee per semester for non-Resident Company classes
- If a family receives more than one scholarship from Kids Who Care for multiple performers, the subsequent Scholarship fee for each additional performer will be:
 - \$50 fee per Musical Theatre Camp
 - \$62.50 for June Camp Plus and \$75 for July Camp Plus
 - \$50 fee per semester for Resident Company plus \$50 at registration once a year for costume and retreat expenses
 - \$25 fee per semester for non-Resident Company classes
- The family will be informed of their financial commitment for the Resident Company Study Trip annually.

Other Important Information

1. Hope Scholarships are based on financial need.
2. Applicants who qualify financially must participate in an audition.
3. Kids Who Care does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation or any other characteristic protected by the law.
4. Full or partial financial support may be awarded.
5. Scholarships will not be awarded to applicants with outstanding balances at Kids Who Care.
6. The applicant will not be considered registered for programming until receipt of the Scholarship Fee.
7. Award of a Hope Scholarship for Musical Theater Camp does not imply acceptance in the Resident Company.
8. Families who receive scholarships may use the scholarships for programming for one year. Families must reserve Hope Scholarship placement for each camp or class within the calendar year. Every applicant must reapply annually by submitting updated financial statements and by participating in an audition.
9. Families who are not awarded scholarships for Musical Theater Camp may resubmit an application only in the event of a significant financial change.
10. **DEADLINES No Exceptions**
 - a. Camp Plus – Applications are accepted through **December 10th**. The Scholarship Audition will be scheduled in late December
 - b. Spring Semester Class - Applications are accepted **through January 16**. The scholarship audition will be scheduled in late January.
 - c. June Mini Camp and June Intensive Camp - Applications are accepted **through April 16**. The scholarship audition will be scheduled in late April.
 - d. July International Camp - Applications are accepted **through May 16**. The scholarship audition will be scheduled in late May.
 - e. Fall Semester Class or Resident Company - Applications are accepted **through July 25**. The scholarship audition will be scheduled in mid-August
11. Notification of award of scholarship will occur by mail. However, Hope Scholarships are considered a point of pride at Kids Who Care and with each family's permission; Kids Who Care will also announce/post the scholarship recipient's names.

Kids Who Care staff and the Hope Scholarship Committee reserve the right to withdraw the scholarship for the following reasons:

1. No payment of required fees.
2. Excessive absences from programming as determined by programming staff.
3. Unacceptable behavior as determined by the Staff.
4. Unreliable support from family (such as not providing transportation).
5. Other as determined by staff and committee

KIDS WHO CARE

HOPE SCHOLARSHIP APPLICATION

This application is strictly confidential. Only Kids Who Care staff will have access to this information.

Student(s) Information:

Name: _____ Birth date: _____ Age _____

Scholarship requested for June Camp July Camp Mini Camp Fall Class Spring Class Resident Company

Name: _____ Birth date: _____ Age _____

Scholarship requested for June Camp July Camp Mini Camp Fall Class Spring Class Resident Company

Name: _____ Birth date: _____ Age _____

Scholarship requested for June Camp July Camp Mini Camp Fall Class Spring Class Resident Company

Address: _____

City: _____ State : _____ Zip : _____

Parent Information

Mother or Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email _____

Place of Employment: _____

Monthly Income of Mother: _____

Father or Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email _____

Place of Employment: _____

Monthly Income of Father : _____

Providing the following information assists us in meeting grant reporting requirements and in requesting financial assistance.

Ethnicity of applicant(s) (optional)

PLEASE CIRCLE ALL THAT APPLY:

African American Asian American Mexican American Hispanic/Latino

Caucasian American Indian Other _____

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FINANCIAL INFORMATION

**A copy of your most recent Federal Tax Return and
copies of two recent paycheck stubs must accompany this form.**

1. How many people in the household with the applicant? _____
2. What is the net monthly income from all sources in the household/ (take home pay after taxes and deductions) _____
3. What are the total monthly expenses for the household? (include house payment/rent, electricity, water, groceries, transportation and any required monthly payments) _____

4. What is the total indebtedness for the household? (money owed to Banks, Finance Companies, Charge accounts) _____
5. Are there any other sources of income to help offset the cost of tuition? ____yes ____ no
(Employer scholarship programs, family members, friends)
If yes, please provide name and contact information: _____
6. Is the family receiving any public assistance? ____Yes ____ No
7. Is the family receiving Food Stamps? ____Yes ____ No
8. Is the family receiving Rent Subsidy? ____Yes ____ No
9. Is the applicant receiving scholarships for education or training other than KWC? ____Yes ____ No

If yes, where and for how much? _____

10. Is applicant receiving education or training without scholarship assistance? ____Yes ____ No
If yes, where and at what cost? _____

I give my consent to have my child's name posted as a Hope Scholarship Recipient as needed by Kids Who Care. ____Yes ____ No

Signature: _____ Date: _____

By signing this statement, parent or guardian agrees that all of this information is correct. Providing false information can result in the withdrawal of financial assistance.

If you need to provide additional information about your circumstances, please use the back of this form or attach a letter of explanation.

For office use only.	Application ____ Letter ____ Tax ____ Paycheck ____ Audition ____
Award: Resident Company Class Summer	Total Am \$ _____ Fee \$ _____ Notified ____ Posted _____

KIDS WHO CARE
FINANCIAL INFORMATION
ANNEX 1 – SPECIAL CIRCUMSTANCES

This form is used to request a reevaluation of the information on the Application for Hope Scholarship due to special circumstances. Your application will not be processed until KWC receives all supporting documents along with this form. Failure to furnish all required documentation will delay the review process and/or result in denial of your request.

All Special Circumstances applications are reviewed and processed in the date and order in which they were received

Indicate your special circumstances from the list below:

- A. Dependency Change Request
- B. Income Reduction
- C. Separation/Divorce
- D. Death of Family Member
- E. Unusual Expenses
- F. Parent in College

Refer to the corresponding section for definitions and additional required documentation

Certification:

I certify that the information provided on this form is true and complete to the best of my knowledge, and I have provided all supporting documentation where applicable.

Signature: _____ Date: _____

A. Dependency Change Request

Dependency override request is reserved for students who have experienced an estrangement with both parents. Estrangement must be documented in detail by an independent third party. Renewal of a previous year dependency override is not automatic. The student must submit a Special Circumstance annually to document the estrangement has not changed.

Whom did you live with? _____

From ____/____/____ To ____/____/____

Additional required supporting documentation:

- Formal letter from person or organization that the student will be living with during his/her time attending KWC Programs
- Hope application and financial documents (Most recent tax return and two most recent pay stubs). Must be presented from the person who is taking care of the student.

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FINANCIAL INFORMATION
ANNEX 1 – SPECIAL CIRCUMSTANCES

B. Income Reduction

When considering income reduction, all family members must be reviewed.

Date income reduction occurred ____/____/____

Additional required supporting documentation:

- Termination/resignation letter from previous employer
- If terminated, benefit statement from Work Force Commission detailing benefits or statement detailing why you did not apply for benefits
- Copy of last pay stub documenting year-to-date earnings, for all family members
- I am including pay stubs for the following applicable members of my family. (*Dependent students, must submit parental pay stubs)
 - Student Mother/Stepmother Father/Stepfather
- All Federal tax returns and schedules for all family member

C. Separation /Divorce

After submitting your Hope Application, Parents divorced/separated from a spouse. As of: ____/____/____

Additional required supporting documentation:

- Copy of divorce decree and/or separation statement or pending divorce decree.

D. Death of Family Member

Additional required supporting documentation:

- A copy of death certificate or death notice.

E. Unusual Expenses

Additional required supporting documentation:

- Credit card or bank statement or receipts documenting unusual expenses paid out-of-pocket for:(a) elementary/secondary tuition costs, (b) medical/dental expenses that exceed 11% of your annual income and are not covered by insurance, (c) nursing home expenses not covered by insurance, or (d) unusually high dependent care expenses.
- Schedule A from IRS Form 1040 preferred to document medical/dental expenses paid out-of-pocket.

F. Parent in College

Date parent started attending or enrolling in college ____/____/____

Additional required supporting documentation:

- Documentation of parent's enrollment at least half-time (e.g. 6hrs) in a degree/certificate program at an eligible institution.