

Williams Syndrome Association Music Scholarship Application



The Williams Syndrome Association provides scholarship funding through the Chloe Reisig Memorial Scholarship Fund to children and young adults with WS who are pursuing music therapy or music lessons (instrument or voice).

Grants are typically in the range of \$500 to \$750 and are meant to give the applicant an introduction to music, or to help with instrument rental.

The WSA is not intended to be the sole source of long term lessons for the applicant.

The Reisig Scholarships are based on the following:

- ⊗ Financial need of the family (if student lives at home)
- ⊗ Financial need of the applicant (if student lives outside of the family home)
- ⊗ The student's ability to succeed benefit from the program (as assessed by the qualified instructor)

Grants are typically awarded on a one-time basis.

Applications for additional funding (in subsequent years), will be considered only if funding is still available after all new applications have been acted upon.

All awards will be sent directly to the music provider. The scholarship application will not be considered unless the music provider's name, address, assessment and class tuition are included.

Applicant's Name: _____

Social Security Number: _____ Date of Birth: _____

Does the Applicant live in the family home: Yes No

If no, Applicant's address: _____

Parent(s) / Guardian(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

WSA member: Yes No

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Music Program Information:

Name of Program Instructor: _____

Name of agency / facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Program Start Date: _____

Program Tuition / per class cost: \$ _____

Additional expenses: _____

Describe: _____

FINANCIAL INFORMATION

Current Yearly Household Income (per IRS tax return) \$ _____

Number of dependents living at home: _____

Additional Income: \$ _____

Total Yearly Income: \$ _____

Does Applicant receive SSI payments: No Yes, annual amount: \$ _____

Do you have any additional 'Out of Pocket' expenses for:

Elderly Parents: No Yes, amount: \$ _____

Tuition for other Children: No Yes, amount: \$ _____

Medical expenses (paid or accumulating): No Yes, amount: \$ _____

(If you answered yes to any of the above, supporting documentation must be provided)

Have you ever participated in a WSA fundraising event? No Yes

If yes, which ones: _____

Have you ever received a WSA Scholarship in the past? No Yes

If yes, which ones: _____

Signature of parent or guardian: _____ Date: _____