



**JOYFUL MUSIC THERAPY FOUNDATION (JMTF) SCHOLARSHIP APPLICATION**

This Scholarship may only be applied towards Music Therapy and or other Music Services at Joyful Music Therapy

Child's Name or Loved One's Name (Applicant)

Child or Loved One's Date of Birth

Current Street Address

City

State, and Zip

**PARENT/GUARDIAN INFORMATION**

Parent's Name/Guardian

Current Street Address

City

State, and Zip

Phone Number

Email Address

Parent's Name/Guardian

Current Street Address

City

State, and Zip

Phone Number

Email Address

Siblings Names (s) and Age (s)

Initials

Tell us a little bit about your loved one. We would like to get to know them better.

How do you think your loved one would benefit from Music Therapy?

Please tell us how receiving a Joyful Music Therapy Foundation Scholarship will affect you and your loved one?

Please provide a general overview of your family's financial responsibilities.

**Initials**

**Documents required for application:**

1- Completed Application						
2- Page one of your most recent Income Tax Return showing your family's gross income.						
If Parent's of applicant file separately, please provide a copy of page one of BOTH returns						
<b>Applications that do not have ALL required documents will not be considered for scholarship</b>						
Joyful Music Therapy Foundation						
719 Lee Road						
Orlando, FL 32810						
<b>YOUR APPLICATION IS NOT COMPLETE UNTIL ALL MATERIALS HAVE BEEN SUBMITTED.</b>						
<b>ACKNOWLEDGEMENT AGREEMENT</b>						
I attest that all information provided on this form is true and accurate to the best of my knowledge. I agree to Inform JMFTF with any updates or changes to this form should I be awarded a scholarship JMFTF						
I understand that scholarships are granted on an individual basis, largely affected by the availability of funding through JMFTF. I understand that the Joyful Music Therapy Foundation Board Members reserve the right to accept or decline any application including the right to withhold decisions as to scholarship outcomes per applicant.						
Parent/Guardian Signature					Date	
<b>CONFIDENTIALITY AGREEMENT</b>						
To ensure the protection of my information and the rights of JMFTF, I understand and agree that the information provided is confidential. I understand any funding decisions will be made by the JMFTF Board of Directors.						
I am aware that the information provided, application decision and scholarship amounts awarded or denied must be kept confidential on behalf of both parties. The scholarship applicant agrees not to disclose the confidential information.						
Parent/Guardian Signature					Date	
<b>FOR OFFICE ONLY</b>						
<b>Application Status</b>	<b>Awarded</b>	<input type="checkbox"/>	<b>Pending</b>	<input type="checkbox"/>	<b>Ineligible</b>	<input type="checkbox"/>
<b>Scholarship Awarded</b>	\$ _____					
<b>Scholarship Start Date</b>	_____			<b>Scholarship End Date</b>	_____	
<b>JMFTF Board President Signature</b>					<b>Date</b>	
<b>JMFTF Board Member Witness</b>					<b>Date</b>	
					<b>Initials</b>	