MET Scholarship Information and Application

FUNDING

MET’s Ensemble School and FunCamp are committed to serving our community and our students, regardless of their ability to pay. Limited funds are provided by MET and our generous patrons. Scholarships cover 25%-100% of class costs for selected recipients. Scholarships are awarded based on financial need as funds are available.

Application for the MET’s Ensemble School or FunCamp Scholarship are available to families whose annual gross income is at or below 75% of the median income of Frederick County, MD as defined by the Department of Housing and Urban Development (HUD):

- Families who fall under 50% of the median income are eligible for scholarships that cover 100% of class costs.
- Families who fall between 50%-80% of the median income are eligible for scholarships that cover 25%-75% of class costs.

To determine whether your family qualifies please refer to the chart on page 4 or visit https://www.frederickcountymd.gov/DocumentCenter/View/256910/Income-Limits-Table---Homebuyer-Program?bidId=

HOW TO APPLY

Attached you will find the Scholarship Application. Please include all items below to complete your application:

1. The completed MET Ensemble School/FunCamp Application;
2. Proof and verification of your annual income (a 2016 tax return, a month of payroll stubs or W-2);

If you are applying for more than one student, you must submit a separate application packet for each student. If necessary, please make extra copies of the application.

All records and financial information provided are confidential and are reviewed by our Scholarship Committee, consisting of MET’s Education Director, Managing Director and Ensemble School/FunCamp Staff.

Scholarship recipients (and guardians if under 18) are required to sign a contract detailing student responsibilities. Failure to comply with contract requirements will result in loss of award.

All applications must contain all required materials. Incomplete applications will not be evaluated and will be returned to you. Please submit application packets and address any further questions to:

Email: registrar@marylandensemble.org

Mail: MET Registrar,
31 West Patrick St.,
Frederick, MD 21701
SCHOLARSHIP APPLICATION 2018/2019 (under 18)

Adult students – please use the form on the following page.

Please complete the required information in order to assist us in processing your student’s scholarship application. All forms and financial information contained within will be confidentially reviewed by the Scholarship Committee. Please make sure all parts of the application are complete. Your request will not be processed until we have all the required information – the application and proof of income.

Return materials to Registrar via Email: registrar@marylandensemble.org or Mail: MET Registrar, 31 West Patrick St., Frederick, MD 21701.

APPLICANT INFORMATION

Student’s First Name: ___________________________ Student’s Last Name: ___________________________

Home Address: ____________________________________________________________

City: __________________________________ State: ___________ Zip: ___________

Student’s Age: ______ Student’s Preferred Pronouns: ___________________________ Student’s birth date: ______

Student’s Grade (2018/2019): ______ Name of School: ___________________________

PARENT/GUARDIAN INFORMATION

Guardian 1 First Name: ___________________________ Guardian 1 Last Name: ___________________________

Guardian 1 Home Address: _____________________________________________________________

City: __________________________________ State: ___________ Zip: ___________

Guardian 1 Preferred Phone: ___________________________ Guardian 1 Secondary Phone: ___________________________

Guardian 1 Email: ___________________________ Guardian 1 Occupation: ___________________________

Guardian 1 Employer: ___________________________ Employer’s Phone: ___________________________

Singer Parent Household: ______Yes ______No

Guardian 2 First Name: ___________________________ Guardian 2 Last Name: ___________________________

Guardian 2 Home Address: _____________________________________________________________

City: __________________________________ State: ___________ Zip: ___________

Guardian 2 Preferred Phone: ___________________________ Guardian 2 Secondary Phone: ___________________________

Guardian 2 Email: ___________________________ Guardian 2 Occupation: ___________________________

Guardian 2 Employer: ___________________________ Employer’s Phone: ___________________________

FINANCIAL INFORMATION:

Number of Adults in Applicant’s household: ______ Number of Children under 18 living in Applicant’s household: ______

Total Annual wages of all working adults in household (before taxes): ___________________________

Other income (Child Support, Public Assistance, Unemployment, etc.): ___________________________

Any extraordinary monthly expenses – please explain (Additional sheet with explanation may be submitted if needed): ___________________________

Please attach a copy of 2017 tax return, a month of payroll stubs, or W-2 as proof of income.
SCHOLARSHIP APPLICATION 2018/2019 (over 18)

Please complete the required information in order to assist us in processing your student’s application. All forms and financial information contained within will be confidentially reviewed by the Scholarship Committee. Please make sure all parts of the application are complete. Your request will not be processed until we have all the required information – the application and proof of income.

Return materials to Registrar via Email: registrar@marylandensemble.org or Mail: MET Registrar, 31 West Patrick St., Frederick, MD 21701.

APPLICANT INFORMATION

First Name: __________________________________________ Last Name: __________________________________________

Home Address: __________________________________________________________________________________________

City: __________________________ State: _______________ Zip: __________________________

Age: _______________ Preferred Pronouns ___________________________________________ Birth date: ________________

Preferred Phone __________________________________________ Secondary Phone __________________________________________

Email: __________________________________________ Occupation: __________________________________________

Employer: __________________________________________ Employer’s Phone: __________________________________________

FINANCIAL INFORMATION:

Number of Adults in Applicant’s household: __________ Number of Children under 18 living in Applicant’s household: __________

Total Annual wages of all working adults in household (before taxes): __________________________________________

Other income (Child Support, Public Assistance, Unemployment, etc.): __________________________________________

Any extraordinary monthly expenses – please explain (Additional sheet with explanation may be submitted if needed): __________

Please attach a copy of 2017 tax return, a month of payroll stubs, or W-2 as proof of income.
Financial Aid Income Eligibility Chart for 2018/19

*Yearly income must fall below the following thresholds.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly Income Eligibility for Full Scholarships (50% Median Income)</th>
<th>Yearly Income Eligibility for Partial Scholarships (80% Median Income)</th>
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<td>$38,050</td>
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<tr>
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</tr>
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