



## Zzak G. Applaud Our Kids Foundation, Inc.

The mission of the Zzak G. Applaud Our Kids Foundation, Inc., a 501(c)(3) non-profit organization, is to provide the opportunity for children with a financial need to creatively express themselves by taking lessons in the various disciplines of the performing arts. The Foundation provides performing arts scholarships to students ages 7-18 who demonstrate financial need in the following disciplines: vocal instruction, dance, acting, and instrumental music. Students will participate in lessons at local studios within their community.

Our vision is to be a conduit between children in the community and performing arts educational centers in order to provide ongoing music education for those who are able to establish financial need based on the Foundation's financial eligibility criteria.

Performing arts education is critical to the development of a well-rounded child because it helps to increase motor and cognitive skills, but also teaches students leadership, teamwork, responsibility, independence, creativity, and increases self-esteem.

### **Requirements:**

- Parent/guardian must complete an application and make certain financial disclosures to demonstrate financial need based on eligibility criteria; and
- Either submit a video of 3 minutes or less, or write an essay of two paragraphs or more.

### **Scholarship Details:**

- The scholarships run throughout the school year.
- Students will take lessons at a local participating studio.
- The parent/guardian is responsible for transportation to and from the participating studio.
- Parent/guardian and student must abide by all rules set forth by the participating studio.



- If you are unable to provide any of the following, please note below in your application: dancewear, instrument rental, and costumes. Every effort will be made to assist the student with providing these items if necessary, but the ability of the Foundation to do so shall depend upon fundraised dollars.

### **Attendance:**

Attendance is critical to a students receiving funding for the lessons. You will be expected to contact the studio if your child is going to be absent from a lesson. Please do not schedule any other appointments during the scheduled class time.

Attendance will be kept and monitored. If a student is absent from the lesson more than 4 times in the school calendar year, the scholarship will be immediately revoked. Ongoing funding is not guaranteed once an attendance issue becomes apparent.

### **Instruments and Dance Shoes:**

If Instruments and/or dance shoes are provided to the student, these must be returned if the student leaves the program during the middle of the school year for any reason. In any event, instruments are on loan to the student during the school year and must be returned at the end of each calendar year.

### **Please note:**

**In addition, all scholarship awards are given with the understanding that the parents of the student have the affirmative obligation to continue to meet the annual income eligibility criteria established by the Foundation. Therefore, each student is required to IMMEDIATELY notify the Foundation in the event that the income of a student's family dramatically increases during the school year so as to exceed the annual income eligibility criteria. When the income of the Recipient's family exceeds the annual income eligibility criteria during the school year, the Foundation will immediately cease paying for lessons for the student and shall seek reimbursement from the student's parent/guardian for the cost of classes paid for by the Foundation at any time when the student's income exceeded the eligibility criteria.**



## Zzak G. Applaud Our Kids Foundation, Inc.

### Applicant Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does Applicant Work? \_\_\_\_\_ Occupation: \_\_\_\_\_ Annual Salary  
for 2018: \$ \_\_\_\_\_ Anticipated Annual Salary 2019-20: \$ \_\_\_\_\_

### Select One Discipline:

#### Dance:

\_\_\_\_\_ Creative Movement \_\_\_\_\_ Ballet \_\_\_\_\_ Tap \_\_\_\_\_ Jazz  
\_\_\_\_\_ Contemporary \_\_\_\_\_ Lyrical \_\_\_\_\_ Hip Hop

Sizes: Shoe: \_\_\_\_\_ Leotard: \_\_\_\_\_ Tights: \_\_\_\_\_

#### Vocal:

\_\_\_\_\_ Broadway \_\_\_\_\_ Classical \_\_\_\_\_ Country  
\_\_\_\_\_ Jazz \_\_\_\_\_ Pop \_\_\_\_\_ Rock

#### Other:

\_\_\_\_\_ Acting \_\_\_\_\_ Musical Theatre \_\_\_\_\_ Film  
\_\_\_\_\_ Instrumental

Instrument Interested in Learning: \_\_\_\_\_



**Is student receiving other funding for lessons from any other source?**

**\_\_\_ Yes \_\_\_ No. If the answer is “yes”, please provide details regarding source of the funding and duration of the funding.**

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**Reason for Applying for Scholarship, please be sure to include detailed information regarding any financial hardship that your family is currently experiencing:**

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**Do you have adequate transportation to and from lessons? Yes No**

**How far are you willing to travel to lessons? \_\_\_\_\_**

**Have you had any prior experience in the discipline for which you are seeking a scholarship? \_\_\_\_\_**

**If yes, provide details:**

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**Applicant’s T-Shirt Size: \_\_\_\_\_**

**Please provide any additional pertinent information that you feel the Zzak G. Applaud Our Kids Foundation, Inc. should be aware of to help us determine the eligibility of your student.**



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## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Salary 2018: \$ \_\_\_\_\_  
Anticipated Annual Salary 2019: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Salary 2018: \$ \_\_\_\_\_  
Anticipated Annual Salary 2019: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

# of Dependent Children in the Household: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_



Relationship to Student: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

I certify that all the information provided above is current, true, accurate and complete to the best of my knowledge. Specifically, I certify that I do not expect that my anticipated annual income for 2019 will exceed the income eligibility criteria established by the Foundation. I certify that I shall notify the Foundation immediately in the event that our family annual income exceeds the criteria. Please note that if you provide any false information your child will not be eligible for a scholarship, or, if a scholarship has been granted, it shall be revoked and you shall be responsible to repay the Foundation any money expended on your student as a result of the false information that you provided.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Submitting Your Application**

- Please send your application to [Melissa@applaudourkids.org](mailto:Melissa@applaudourkids.org) or mail the application to PO Box 994, Barnegat, NJ 08005