STUDENT SCHOLARSHIP FORM

Student's Name (FIRST, LAST): _____
Birth Date: _____ Age: _____
School: _____
Grade: _____ Home Address: _____ City: _____ Zip Code: _____
Home Phone Number: _____
Previous Dance Experience_____
EMAIL:_____

Which class is your student wishing to enroll in? _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD

1. Name: _____ Relationship to Child: _____ Cell Phone: (_____)_____ Work Phone: (_____)_____ E-Mail: _____ Place of Employment: _____

2. Name: _____ Relationship to Child: _____ Cell Phone: (_____)_____ Work Phone: (_____)_____ E-Mail: _____ Place of Employment: _____

WHO IS FILLING OUT THIS APPLICATION?

1. Name: _____ Relationship to Child: _____
   Phone: _____

REASON FOR FILLING OUT THIS APPLICATION?

☐ Financial Assistance
☐ Additional Dance Opportunities (Competition, Performance Team etc.)
☐ Wishing To Grant A Different Family With Financial Assistance

EXPLAIN ABOVE FURTHER IF YOU WISH

_____
_____
_____

WHY IS YOUR STUDENT PASSIONATE ABOUT DANCE?

_____
_____
_____

Signature: _____ **Date:** _____