

## 2020/2021 Gift of Dance Scholarship Application

Please fill out a separate application for each student applying. Please write neatly.

Application Date \_\_\_\_\_

Student's name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If under the age of 18 years:

Parent/Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Please indicate the sessions, classes and/or workshops you wish to enroll.

Session #1 (9/14-10/31) \_\_\_\_\_ Session #2 (11/2-12/19) \_\_\_\_\_ Session #3 (1/4-2/20) \_\_\_\_\_

Session #4 (2/22-4/10) \_\_\_\_\_ Session #5 (4/19-6/6) \_\_\_\_\_

Class 1: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Class 2: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Class 3: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Class 4: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Class 5: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Academy program

Pre-Academy program

I am applying for a \_\_\_\_\_ partial scholarship: 10% / 20% / 30% / 40% / 50% / 60% / 70% / 80% / 90%

How much can you pay per session? \_\_\_\_\_

*(Please note: Full scholarships are only given on rare occasions and are based on need.)*

**(OVER)**

*The following information is kept confidential between the family and the School Committee Members:*

Number of people in household \_\_\_\_\_

\*Annual/yearly net income \$ \_\_\_\_\_

**\*REQUIRED: Please attach verification of income (a signed copy of the previous year's tax return)**

**STUDENT STATEMENT**

Please use this space to share with us about your passion for dance or your reason for needing the Gift of Dance Scholarship. We would like this to be in the student's own words as much as possible:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Please make sure you have completed all of the following before returning this packet to Spectrum:**

- Financial information, including a copy of most recent signed tax return**
- Sessions and classes for which you are applying**
- Student's written statement**
- \$20 registration fee**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if student is under 18 years)

\_\_\_\_\_  
Date