

SCHOLARSHIP / APPRENTICESHIP PROGRAM APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

PARENT / GUARDIAN / EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

REFERENCES

Name

Relationship

Phone

What are your short term goals regarding dance?

Long term goals?

Please describe why you feel you deserve this particular scholarship?

What is your favorite style of dance and why?

Who inspires you in dance or otherwise and why?
