Dancers, Inc.

Scholarship Form

Student's Name:_____ Age: ____ Birth Date: _____

Mother's Name: _____ Father's Name:_____

Phone #: H_____ W_____ C_____ Email:_____

Address: _____Zip Code:_____

Previous Training:_____ Where? _____ How Long? ___

How Many Days Per Week in Ballet? ____ Length of each class_____

Give name of Director of School?_____ Name of your Ballet Teacher_____

Name and address of Dance Studio _____

How did you learn about Dancers, Inc.? _____

What Elementary/High School Do You Attend?_____

Eligibility for scholarships – The student must be recognized as economically disadvantaged. Scholarships will be given to students whose maximum family income does not exceed 200% of the current Federal Poverty Guidelines based on family size (https://aspe.hhs.gov/poverty-guidelines). Plus, include a one page letter from parent to Dancers, Inc. with date on it explaining the need, and appreciation of this scholarship and what benefits this will have for your child. I have read the information regarding Fees/Scholarships and agree to the conditions contained therein (parent/guardian if under 18 yrs). Assistance will be provided based on availability of funds from Dancers, Inc. Mail/email to kjzissoff@comcast.net (parent/guardian if under student is under 18 yrs)

Signature_____Date_____

B Registration for Dancers, Inc.

The Dance Student MUST include a list of choreographyand/or class content from your previous ballet training. Scholarships are based on tuition amount as well as availability of funds from Dancers, Inc. All paper work must be completed prior to starting courses with Dancers, Inc. Fees for each 4 week period are due before scholarships are awarded each 4 week period. Scholarships are awarded only when the above information is provided. A 4 week scholarship is given when a student's attendance is maintained for the current 4 week period: at least 75% or more attendance per 4 weeks per class is mandatory to receive a scholarship each 4 weeks). Scholarships are awarded at the end of each 4 week period.

I have read the information regarding Fees/Scholarships and agree to the conditions contained herein.

Assistance will be provided based on availability of funds from Dancers, Inc.

Signature_____**Date**_____

(parent/guardian if under student is under 18 yrs)