

Accepting applications beginning June 1, 2024 <u>Due August, 2024</u>

**Your application for financial aid will NOT be processed unless this form has been fully completed, signed, and your complete 2023 tax return is attached. **

Scholarship Criteria

1)	Please return full	y completed A	Application and 202	3 Tax Return information	on to:
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BALLET SPARTANBURG

Attn: Analay Saiz

200 East Saint John Street, Spartanburg, SC 29306.

- 2) Students ages 7 and above are eligible.
- 3) Student must have been enrolled in classes at the Dance Center full time for a minimum of one year in order to be eligible.
- 4) Student must demonstrate long term interest in dance education.
- 5) Scholarship students are expected to uphold the highest standards of class etiquette and attendance.

 The Dance Center reserves the right to discontinue scholarship at any time if the required standards are not met.
- 6) Students typically receive scholarship assistance for a maximum of 5 years.
- 7) Students will be asked to volunteer at various Dance Center functions.
- 8) Scholarship does not cover Registration Fee, Performance Fees, or Recital Fee.
- 9) Scholarship *may cover up to* 75% of monthly tuition.
- 10) Scholarship applicable for one (1 hour) class.

Name of Candidate		Date of Birth		
Home Address				
City	State	Zip		
Present academic school a	ttending	Grade		
2024-2025 Dance Center L	evel Placement			
Have you previously been If Yes, please list:	awarded a scholarship by The Dan	ce Center? Yes/No		
Year of Award	Classes Taken			
Which classes do you plan Ballet (# of times po Pre-Pointe, Pointe	been studying with the Center for to take if you receive this award? er week) s (please specify)			



This section must be completed by the <u>STU</u> State briefly your dance experience:	<u>DENT</u> :
Why are you applying for this scholarship?	
What are your future plans regarding dance?	
Father or Guardian	
Home Address (if different)	
Home Phone	
Email	
Mother or Guardian Home Address (if different)	
Home Address (if different) Home Phone	
Email	



Amount of tuition

paid by parent

Amount of aid

received

Family and Financial Information:

n the case of dependents living ou endered each year.	itside yo	ur home, please indicate	approximate amounts of	financial a	ssistance
ather/Guardian's employer					
usiness address					
pe of Business					
lother /Guardian's employer					
usiness address					
ype of Business					
o you receive any type of child su	pport?_				
so, how much					
Are there any other funds that mig educational income, or alimony?	tht be ap	plied to the candidate's o	education, such as legacie	es, gifts, tru	st funds,



Please give these amounts for 2023 before deductions:

a) Father's earned income \$	b) Additional yearly income \$
c) Mother's earned income \$	d) Additional yearly income \$
e) Applicant's earned income \$	f) Additional yearly income \$
Please give the amount paid last year for the follo	owing:
a) Rent or comparable expense \$	
b) Miscellaneous expenses (i.e. babysitter, etc.) \$	
Who assumes responsibility for the payment of to	uition and other educational expenses?
Please state how much you can contribute towar	ds tuition:
\$/Month OR	\$/Year
Explain here any special family circumstances suc	ch as divorce, separation, unemployment, illness
The school will welcome any further statement you may ca that is appropriate for the school to grant. (Use additional sheets if necessary)	are to make which may aid in determining the amount of financial aid
**Your application for financial aid will NOT be processed u 2023 tax return is attached. **	unless this form has been fully completed, signed, and your complete
	o the best of my knowledge. I understand that false statement or on for a scholarship or may result in termination of any scholarship
Signed	Date
Parent/Guardian	