ballet spartanburg | center for dance education

# 2018-2019 Scholarship Application

## Accepting applications beginning April 1, 2018
## Due June 1st, 2018

****Your application for financial aid will NOT be processed unless this form has been fully completed, signed, and your complete 2017 tax return is attached. ****

## Scholarship Criteria

1) Please return fully completed **Application** and **2017 Tax Return** information to:
   BALLET SPARTANBURG
   Attn: Lona Gomez
   200 East Saint John Street, Spartanburg, SC 29306.
2) Students level 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.

**Name of Candidate**_____ **Date of Birth**_____

**Home Address**_____

**City**_____ **State**_____ **Zip**_____

**Present academic school attending** _____ **Grade**_____

**2017-2018 Dance Center Level Placement**_____

**Have you previously been awarded a scholarship by The Dance Center? Yes/No**
**If Yes, please list:**

| Year of Award | Classes Taken |
|---|---|
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**How many years have you been studying with The Dance Center?** _____

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**Which classes do you plan to take if you receive this award?**

**Ballet (# of times per week)** _____

**Pre-Pointe, Pointe** _____

**Optional Disciplines (please specify)** _____

**This section must be completed by the <u>STUDENT</u>:**

**State briefly your dance experience:**

**Why are you applying for this scholarship?**

**What are your future plans regarding dance?**

**Father or Guardian** _____

**Home Address (if different)** _____

**Home Phone**_____ **Cell Phone** _____

**Email** _____

**Mother or Guardian** _____

**Home Address (if different)** _____

**Home Phone**_____ **Cell Phone** _____

**Email** _____

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**Candidate and other dependents:**

| Name of child/parent | Age | School or College | Amount of tuition paid by parent | Amount of aid received by |
|---|---|---|---|---|
| | | | | |
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**In the case of dependents living outside your home, please indicate approximate amounts of financial assistance rendered each year.**

**Father/Guardian's employer**_____

**Business address**_____

**Type of Business**_____

**Mother /Guardian's employer**_____

**Business address**_____

**Type of Business**_____

**Do you receive any type of child support?**_____

**If so, how much** _____

**Are there any other funds that might be applied to the candidate's education, such as legacies, gifts, trust funds, educational income, or alimony?**

_____

_____

_____

_____

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**Please give these amounts for 2017 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 following:**

**a) Rent or comparable expense $_____**

**b) Miscellaneous expenses (i.e. babysitter, etc.) $_____**

**Who assumes responsibility for the payment of tuition and other educational expenses?**

**_____**

**Please state how much you can contribute towards tuition:**

**$_____/Month OR $_____/Year**

**Explain here any special family circumstances such as divorce, separation, unemployment, illness….**

**The school will welcome any further statement you may care to make which may aid in determining the amount of financial aid that is appropriate for the school to grant.**
**(Use additional sheets if necessary)**

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**I certify that the above information is true and correct to the best of my knowledge. I understand that false statement or omission of documents will disqualify me from consideration for a scholarship or may result in termination of any scholarship granted.**

**Signed_____** **Date_____**
**Parent/Guardian**