



BALLET ETUDE ACADEMY SCHOLARSHIP APPLICATION FORM

Student Last Name: _____ **First Name:** _____

Age: _____ **Birthday:** _____ **Gender:** Male / Female/Non-binary/Other

Parent/Guardian Last Name: _____ **First Name:** _____

Income Verification: (check and attach one)

Proof of job loss Pay stub Tax return

Residency Verification: (check and attach one)

Medical record School record

Household Income: \$ _____

I attest that all information on this form and the supplementary documents provided (i.e. proof of residency, household income, etc.) is accurate. I also understand that to maintain my child's scholarship, I must commit to a MINIMUM of 15 hours of volunteer work per season. This includes but is not limited to: Studio clean up, teaching class, backstage help for shows, and costume organization.

Parent/Guardian Signature _____ **Date:** _____

Student Profile

Name of Student: _____ Age: _____

Academic School: _____ Grade: _____

Parent /Guardian: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Cell: _____

Student Email: _____

Parent Email: _____

Student Statement

1. What styles of dance have you studied? How long have you studied dance?

2. Tell us what dance means to you?

3. Why would you like to study ballet?

4. Why do you deserve to receive this scholarship and how do you plan on maintaining a good standing with Ballet Etude Academy?

5. Professionally trained ballet students have many career or schooling options available to them after graduation. These include teaching, dancing professionally/apprenticing with a company, or attending a college dance program. What is your dream after graduating from Ballet Etude Academy?

Parent/Guardian Statement

1. Do you receive governmental aid? (i.e. TANF, Medicaid, SSI or SSA). **Yes / No**

2. How many family members are in your household? Include all persons living at your address. _____

3. What is your total annual income? Briefly list all sources of income from your household.

4. Where are you employed? _____

5. Are you a single parent/guardian? **Yes / No**

6. Briefly describe your reason for needing a scholarship for your child.

7. Tell us about your child and their experience with ballet.

8. How will you will assist us in ensuring your child will have a positive experience at Ballet Etude Academy?

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE ONLY

Student Name: _____

Scholarship Awarded YES/NO

Dollar Value \$ _____ **Percentage %** _____

Scholarship Period: _____

Scholarship Committee Member Signature: _____

Additional comments: (notes & dance schedule)
