

Sisters Dance Academy Scholarship Application

PERSONAL INFORMATION:

Date of Application: _____

Name of Applicant: _____ Birthdate: _____

Parents/Legal Guardian: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

TYPE OF SCHOLARSHIP *(please check one or more boxes):*

- Tuition Scholarship *(Good for six full months of dance, one class per week, once application is accepted. Excludes summers dance workshops.)*

- Dancewear Scholarship *(good for up to \$45 of dancewear ordered through the Sisters Dance Academy or for recital costume fees)*

- Both

Please answer the following questions to best help the scholarship committee in their decisions for awarding the scholarship fund:

1. Why is participation in the Sisters Dance Academy program important to you? (If you are filling this form out on behalf of your child, please respond with how you think the dance program would benefit them).

2. Please provide any additional information which you feel would assist the Scholarship Selection Committee in making its decisions (whether it's concerning your financial situation, personal matters, or other reasons you should be considered).

Receipt of a *Sisters Dance Academy Scholarship* is a privilege. If the dancer does not comply with SDA rules or fails to demonstrate s/he truly wants to participate, the scholarship fund may be withdrawn. Thank you so much for your application. You will be notified by phone whether or not the above dancer has been awarded a *Sisters Dance Academy Scholarship*.