Day-to-Day Dance Scholarship Policy and Application

Day-to-Day Dance Scholarship policy is designed to give students' an experience in the art of dance. Scholarships are awarded for partial tuition assistance to students whose families meet monthly income criteria, demonstrate a commitment to dance education, and scholarship funding levels. Registration fees, costume fees and performance fees are not included. Families must apply for each new season. All youth classes and camps are eligible. Students must attend the entire session. Students who miss more than 25% of classes in a session will not be eligible for a scholarship the following session. Students already enrolled at Day-to-Day Dance must be in good standing to be eligible to receive a scholarship. All families of students who wish to receive a scholarship award must submit the following along with the scholarship application:

- Proof of Whatcom County Residency with legal street address
- Two proofs of household income for each parent and/or head of household in which the student resides such as:
 - ✓ Copy of monthly pay stubs
 - ✓ SSI Notification Medical Record
 - ✓ TANF Notification
 - ✓ Other Household Income Information

Families and students who fail to turn in a completed application and adhere to the conditions of the agreement risk losing their financial assistance.

Family Size	Family Income Criteria
2	\$581-1161
3	\$733-1464
4	\$834-1766
5	\$1035-2069
6	\$1187-2372
7	\$1338-2674
8	\$1489-2977

SCHOLARSHIP APPLICATION FORM

Name of Student:			
Academic School:			
Parent / guardian:			
Address:			
City / State:			
Phone:Parent email:			
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Please use the following lines to p Day-to-Day Dance scholarship.		•	
For which class are you seeking a	scholarship?		
Why are you (student) interested in completing this section)			
I/We attest that all information on provided (i.e. Proof of residency, h class attendance as a scholarship forfeit my scholarship.	nousehold income,	etc.) is accurate. I/We con	nmit to regular
Students Signature (Students			
	Date		
Parent/Guardian Signature		Date	
FOR OFFICE ONLY			
Income Verification: (check one)] IRS Tax Return []	SSI Notification Medical R	ecord [] TANF
Notification Residency Verification: (check one) Household Income: \$		l [] School record	
Applicants Race or Ethnic Backgroung [] Hispanic [] Middle Eastern [] I Scholarship Awarded	und: (check one) [an [] Caucasian

Dollar Value \$	Percentage %	
Term [] Fall [] Spring [
Decision Date		
Scholarship Committee	Member Signature	Additional
comments:		