

## *Day-to-Day Dance Scholarship Application*

**Day-to-Day Dance** Scholarship policy is designed to give students' an experience in the art of dance. Registration fees and performance fees are not included. Families must submit application for each new season. Scholarships are awarded in partial financial assistance to students based on financial need, promise and availability. Any form of dance classes/camps is eligible. Students must attend complete session. Students already a student 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:

- 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
- Entered into the registration system
- Completed and Signed Student Profile and Parents Statement

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

**SCHOLARSHIP APPLICATION FORM**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_  
Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Parent / guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Student email: \_\_\_\_\_ Parent email: \_\_\_\_\_

Please use the following lines to provide any other reason you and your child is in need of a Day-to-Day Dance scholarship.

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\_\_\_\_\_  
\_\_\_\_\_

For which class are you seeking a scholarship? \_\_\_\_\_

Why are you (student) interested in studying dance? (parents of younger child should assist in completing this section)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I/We attest that all information on this form and the supplementary documents that we provided (i.e. proof of residency, household income, etc.) is accurate. I/We commit to regular class attendance as a scholarship student. I understand that with two consecutive absences I forfeit my scholarship.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE ONLY

Income Verification: (check one)  IRS Tax Return  SSI Notification Medical Record  TANF Notification

Residency Verification: (check one)  Medical record  School record

Household Income: \$\_\_\_\_\_

Applicants Race or Ethnic Background: (check one)  African American  Asian  Caucasian  Hispanic  Middle Eastern  Native American  Other\_\_\_\_\_

Scholarship Awarded

Dollar Value \$\_\_\_\_\_ Percentage % \_\_\_\_\_

Term  Fall  Spring  Summer  annual

Decision Date\_\_\_\_\_

Scholarship Committee Member Signature\_\_\_\_\_ Additional comments: \_\_\_\_\_

\_\_\_\_\_