

Maple Conservatory of Dance Scholarship Application

SCHOLARSHIP CANDIDATES ARE REVIEWED BY THE DIRECTORS OF THE MAPLE CONSERVATORY OF DANCE ON THE BASIS OF DEMONSTRATED FINANCIAL NEED AND TECHNICAL/ARTISTIC PROFICIENCY AND MERIT.

SECTION 1: GENERAL INFORMATION

APPLICANT: _____ AGE: _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

APPLICANT'S BIRTHDATE: _____

OF YEARS OF BALLET TRAINING: _____ # OF YRS OF POINTE _____

CURRENT TOTAL # OF HOURS PER WEEK OF BALLET TRAINING: _____

ADDRESS OF FORMER BALLET/DANCE SCHOOL: _____

NAMES OF PRIMARY BALLET TEACHERS: _____

SUMMER OR OTHER INTENSIVES ATTENDED WITH DATES OF ATTENDANCE: _____

PLEASE LIST ANY PREVIOUS SCHOLARSHIPS AWARDED FOR

BALLET: _____

*You may submit a resume in lieu of the above details.

SECTION 2: FINANCIAL NEED

PARENTAL GROSS INCOME FOR LAST YEAR: _____ ON IRS FORM # _____

OF HOUSEHOLD MEMBERS: _____ ADULTS _____ CHILDREN

OF DEPENDENTS IN HOUSEHOLD: _____

DEPENDENT'S AGES: _____

MOTHER'S OCCUPATION: _____

FATHER'S OCCUPATION: _____

Attachments (required):

- (A) A letter from the student explaining what goals the student wishes to obtain through dance and why he/she is interested in training with the Maple Conservatory of Dance, and how a scholarship will help him/her in achieving those goals.
- (B) A letter to explain any circumstances that support your request for a scholarship. We understand that family income may appear sufficient, but that there may be other circumstances, temporary or long-term, which affect that income.

SECTION 3: DECLARATION OF UNDERSTANDING AND INTENT

Maple Conservatory of Dance student scholarship recipients and their guardians are required to sign a statement of commitment and intent upon receipt of their scholarship.

If at anytime during the scholarship period, Maple Conservatory of Dance determines that the recipient is not adhering to the terms of this agreement, Maple Conservatory of Dance reserves the right to terminate the scholarship.

I/WE CERTIFY THAT ALL OF THE INFORMATION PRESENTED HERE IS CORRECT AT THIS TIME AND THAT I/WE WILL PROVIDE IMMEDIATE NOTIFICATION OF ANY CHANGES IN MY/OUR FAMILY SITUATION, FAMILY INCOME OR ASSETS. WE UNDERSTAND THAT THIS IS AN APPLICATION ONLY AND THAT IT WILL BE REVIEWED BY THE MAPLE CONSERVATORY OF DANCE DIRECTORS AND STAFF. IF A SCHOLARSHIP IS AWARDED, WE ARE PREPARED TO COMPLY WITH THE ABOVE-STATED TERMS AND CONDITIONS.

Signature of Parent/Legal Guardian Date

Print Parent/Legal Guardian Name

Signature of Student Date

Print Student Name