REFLECTIONS DANCE – FINANCIAL NEEDS SCHOLARSHIP APPLICATION

Student/Dancer Name: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Student Age: _____

Class(es) / Program(s) Requested: _____

YEARLY INCOME

Please check or circle ONE income range.

☐ Under $10,000
☐ $10,000 – $19,999
☐ $20,000 – $29,99
☐ $30,000 – $39,999
☐ $40,000 – $49,999
☐ $50,000 – $59,999
☐ $60,000 – $69,999
☐ $70,000 – $79,999
☐ $80,000 – $89,999
☐ $90,000 – $99,999
☐ $100,000 – $124,999
☐ $125,000+

FINANCIAL ASSISTANCE REQUESTED

Please check one:

☐ Full Scholarship

☐ Partial Scholarship

☐ Tuition Assistance

☐ Other: _____

FINANCIAL NEED

Please briefly explain why you are requesting financial assistance and how a scholarship would help your dancer participate at Reflections Dance.

_____

_____

What amount are you able to contribute toward tuition?

$_____ per month / session

ADDITIONAL INFORMATION
Is there anything else you would like us to consider when reviewing your application?

_____

_____

PARENT/GUARDIAN AGREEMENT
I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that scholarship assistance is based on financial need and available funds. Submitting this application does not guarantee that assistance will be awarded.

Parent/Guardian Signature: _____

Date: _____

DANCER/PARENT AGREEMENT (Initial next to each statement below and sign/date as indicated): I attest that all of the application information is true and accurate to the best of my knowledge. I understand all scholarship students are expected to be prepared, prompt, in regular attendance, and maintain class etiquette. If this application is accepted, I will certify that we will abide by all of the policies and procedures of Reflections Dance.

_____ I understand that I am responsible for paying studio fees not covered by the scholarship: registration fee, performance fees, dance uniform/accessories, competition fees, etc.
_____ Commitment to dance for Reflections Dance is on a semester basis.
_____ Guardians, along with the dancer, will actively participate in future studio fundraisers.
_____ Dancers must be committed to attending the scheduled classes they register for.
_____ I will notify the RD Board if my financial situation changes during the semester.

Failure to meet obligations can result in the suspension or termination of RD's scholarship assistance.

Date: _____

Printed Name: _____

Signature: _____

FOR REFLECTIONS DANCE USE ONLY

Date Received: _____

Decision: ☐ Approved ☐ Denied ☐ Partial Assistance

Scholarship Amount: _____

Notes:

_____