



## **BADA SCHOLARSHIP APPLICATION FORM**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: Male / Female

Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**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.**

Dancers Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Income Verification: (check and attach one)**

[ ] Proof of job loss [ ] SSI Notification Medical Record [ ] TANF/Medicaid Notification [ ] Other:

**Residency Verification: (check and attach one)**

[ ] Medical record [ ] School record

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

## Student Profile

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

### Student Dance Background *(This section should be filled out by students 12Yrs+)*

1. How long and what styles of dance studied?

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2. What performance experience has the dancer had?

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4. Tell us what dance means to you.

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5. What kind of dance do you like best and why?

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6. Why do you deserve to have this scholarship and how do you plan on maintaining a good standing with the company?

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7. What is your dream about dancing in the future?

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*Do you understand that to maintain scholarship you must commit to a MINIMUM of 5 hours of volunteer work a week this includes but is not limited to: Studio clean up, teaching class, backstage help for shows, and costume organization.*

Yes / No

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please use other side if needed to complete information.

**All forms must be turned in together by August 19,  
2019**

## Parents Statement

Parent / Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Dancer's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

1. Do you receive governmental aid? (i.e. TANF, Medicaid, SSI or SSA). Yes / No

2. How many family members in your household? Include all persons living at your address. \_\_\_\_\_

3. What is your total annual income? Briefly list all sources of income from your household.

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

4. Where are you employed? \_\_\_\_\_

5. Are you a single parent? Yes / No

6. Briefly describe your reason for needing a scholarship for your child.

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7. Tell us about your child and experience with dance.

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8. Tell us how and why you support your child's talent.

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**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE ONLY**

Student Name: \_\_\_\_\_

Scholarship Awarded  YES  NO

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

Scholarship Period: \_\_\_\_\_

Scholarship Committee Member Signature:

\_\_\_\_\_

Additional comments: (*notes & dance plan/schedule*)

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