

Dance Works Academy
2010/2011
Scholarship Program Application Form

Parent(s) Name: _____

Student(s) Name: _____

Address: _____

Total # of Family Member Residing at this Address: _____

Total Income for 2009: _____

Class(es) Applying for: _____

By signing this document I _____ agree to allow Dance Works Academy to review the income information on mine and my spouse or common law partners 2009 tax returns for the purpose of determining my level of eligibility for the income based Scholarship Program. I understand that I am responsible for the Costume Fee for each class my child is attending and am expected to volunteer my time at a minimum of one Dance Works Fundraising Events.

Signed: _____ Date of Signature: _____

-----OFFICE USE ONLY-----

Full Scholarship _____

Partial Scholarship _____

Partial Scholarship Payment Amount _____

Costume Fees _____ Date _____

Parent Participation _____