

ATLANTA BALLET

CENTRE FOR DANCE EDUCATION

2019-2020 Scholarship Application

Due BY June 29th, 2019

****Your application for financial aid will NOT be processed unless this form has been fully completed, signed, and your complete 2018 tax return is attached. ****

Scholarship Criteria - READ CAREFULLY BEFORE COMPLETING APPLICATION

- 1) Please return fully completed **Application Form** and **2018 Tax Return** information to:
Atlanta Ballet Centre for Dance Education
Attn: 18-19 CENTRE SCHOLARSHIPS
1695 Marietta Blvd. NW, Atlanta, GA 30318.
- 2) Students level B and higher are eligible.
- 3) Student must have been enrolled in classes at the Centre full time for a minimum of one year to be eligible.
- 4) Student must demonstrate long term interest in dance education.
- 5) Students typically receive scholarship assistance for a maximum of three years.
- 6) Students will be asked to volunteer at various Centre functions.
- 7) Scholarship does not cover Registration Fee, Spring Concert & Costume Fees, or Nutcracker Fee.
- 8) Scholarship covers two ballet technique classes per week and pre-pointe/pointe if appropriate. It does not include any additional ballet technique, or optional discipline classes.

Scholarship students are expected to uphold the highest standards of class etiquette and attendance. The Centre reserves the right to discontinue scholarship at any time if the required standards are not met.

Name of Candidate _____ Date of Birth _____

Home Address _____ City _____

State _____ Zip _____ Current academic school _____ Grade _____

2019-2020 ABCDE Level Placement _____

Have you previously been awarded a scholarship by the ABCDE? Yes / No

If Yes, please list:

Year of award	Classes taken	Amount awarded

How many years have you been studying with the ABCDE? _____

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Which classes do you plan to take if you receive this award?

Ballet (# of times per week) _____

Pre-Pointe, Pointe _____

Optional Disciplines (please specify) _____

This section must be completed by the **STUDENT**:

State briefly your dance experience:

Why are you applying for this scholarship?

What are your future plans regarding dance?

Father or Guardian _____

Home Address (if different) _____

Home Phone _____ Cell Phone _____

Email _____

Mother or Guardian _____

Home Address (if different) _____

Home Phone _____ Cell Phone _____

Email _____

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Candidate and other dependents:

Name of child/parent	Age	School or College	Amount of tuition paid by parent	Amount of aid received by

In the case of dependents living outside your home, please indicate approximate amounts of financial assistance rendered each year.

Father/Guardian's employer _____

Business address _____

Type of Business _____

Mother /Guardian's employer _____

Business address _____

Type of Business _____

Do you receive any type of child support? _____

If so, how much _____

Are there any other funds that might be applied to the candidate's education, such as legacies, gifts, trust funds, educational income, or alimony?

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Please give these amounts for 2017 before deductions:

- a) Father's earned income \$ _____ b) Additional yearly income \$ _____
c) Mother's earned income \$ _____ d) Additional yearly income \$ _____
e) Applicant's earned income \$ _____ f) Additional yearly income \$ _____

Please give the amount paid last year for the following:

- a) Rent or comparable expense \$ _____
b) Miscellaneous expenses (i.e. babysitter, etc.) \$ _____

Who assumes responsibility for the payment of tuition and other educational expenses?

Please state how much you can contribute towards tuition:

\$ _____/Month OR \$ _____/Year

Explain here any special family circumstances such as divorce, separation, unemployment, illness....

THE SCHOOL WILL WELCOME ANY FURTHER STATEMENT YOU MAY CARE TO MAKE WHICH MAY AID IN DETERMINING THE AMOUNT OF FINANCIAL AID THAT IS APPROPRIATE FOR THE SCHOOL TO GRANT. *(Use additional sheets if necessary)*

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I certify that the above information is true and correct to the best of my knowledge. I understand that false statement or omission of documents will disqualify me from consideration for a scholarship or may result in termination of any scholarship granted.

Date _____

Signed _____
Parent/Guardian