

# ATLANTA BALLET

## CENTRE FOR DANCE EDUCATION

### 2022-2023 Scholarship Application

**Due BY June 30th, 2022**

**\*\*Your application for financial aid will NOT be processed unless this form has been fully completed, signed, and your complete 2020 tax return is attached. \*\***

#### **Scholarship Criteria - READ CAREFULLY BEFORE COMPLETING APPLICATION**

- 1) Please return fully completed **Application Form** and **2021 Tax Return** information to:  
**Atlanta Ballet Centre for Dance Education**  
**Attn: 22-23 CENTRE SCHOLARSHIPS**  
**1695 Marietta Blvd. NW, Atlanta, GA 30318.**  
**or email to: KGaul@atlantaballet.com**
- 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, Nutcracker or performance fees.
- 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 Student \_\_\_\_\_ Date of Birth \_\_\_\_\_**

**Home Address \_\_\_\_\_ City \_\_\_\_\_**

**State \_\_\_\_\_ Zip \_\_\_\_\_ Current academic school \_\_\_\_\_ Grade \_\_\_\_\_**

**2022-2023 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?

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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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Please list the STUDENT and any other dependents as appropriate:

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 2021 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 are able contribute towards tuition:

\$ \_\_\_\_\_/Month OR \$ \_\_\_\_\_/Year

Explain here any special family circumstances that you would like to be taken into consideration with this application:

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)*

**\*\*Your application for financial aid will NOT be processed unless this form has been fully completed, signed, and your complete 2021 tax return is attached. \*\***

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

**A confirmation of this application having been received will be sent to the email listed above within 7 days of receipt. If you do not hear within this time frame or need to send your application via email, please contact KGaul@atlantaballet.com**