



# SCHOLARSHIP REQUEST FORM

Date: \_\_\_\_\_

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

Registering for what class(es)/intensive(es): \_\_\_\_\_

Student is completing grade \_\_\_\_\_ at what school? \_\_\_\_\_

Is it PUBLIC or PRIVATE? (*circle one*) Do you receive Financial Assistance at this school?  YES  NO

Parent/Guardian Requesting Scholarship: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupations and Employers of Parents/Guardians: \_\_\_\_\_

To apply for a scholarship, return this form to [janet@pacfestballet.org](mailto:janet@pacfestballet.org). Please note that scholarships are limited. We will reply to your request within two weeks of your request. Please note that these forms are strictly confidential and any information distributed to donors will protect the child and family's identity and remain completely anonymous. We expect full participation, a positive attitude, and strong work ethic from all scholarship students. We reserve the right to revoke all scholarships if these expectations are not met.

1) Please explain your family's financial need: \_\_\_\_\_

2) We are requesting \$ \_\_\_\_\_ towards the total tuition of \$ \_\_\_\_\_

3) Describe the student's dance experience and interests. How would a scholarship award impact his/her growth at this time? \_\_\_\_\_

4) Please provide a teacher reference – preferably a dance teacher or academic teacher:

Teacher Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Office Use Only:** Received on \_\_\_\_\_ Scholarship Amount: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_