**Office Use Only**

Application # _____

Previous Hours Completed: _____

Date Received: _____

# Application for Tuition Assistance Program

**Instructions: This is a confidential application process. You are submitting the information contained herein to the SDC Director, or his designee, who is NOT a member of the Scholarship Committee. All identifying information (names, contact information, etc.) will be redacted before presentation to the Scholarship Committee to insure the anonymity of each applicant being reviewed. Please do not leave blanks in the application. If a question or section does not apply to you, please add "not applicable" or "n/a" to the section. Upon receipt of the Scholarship Committee's acceptance and scholarship decision(s), you will be notified in writing via email by the Director. *Upon notification, the Responsible Party will have 72 hours to complete and return our Scholarship Contract.* Mandatory volunteer hours will be assigned based on the amount of scholarship awarded.**

**Total # of Scholarship Applicants in your family: _____**

(please complete the "student information" page of this application for each student)

**STUDENT INFORMATION (one per student)**

| | | | |
|---|---|---|---|
| **Student Name:** | | **Date of Birth: / /** | Age: |
| Gender: M / F (circle one) | School District: | Grade for 2021-22 Season: | |
| Student Phone #: (required) | | Student Email: (optional) | |
| **Allergies or medical conditions we should be aware of:** | | | |
| Summary of dance experience, if any: | | | |

**STUDENT'S DESIRED ENROLLMENT**

| Class / Camp / Workshop Name | Day and Time | Class Length / Tuition *(office use only)* |
|---|---|---|
| *Example: Junior Ballet/Tap/Jazz*<br>*Example: Princess Camp* | *Monday 4:00 to 5:30*<br>*June 12, 14 (10 to 11:30)* | |
| | | |
| | | |
| | | |
| | | |

Note: Enrollment in SDDA classes is contingent on classes making. Classes may be cancelled if 5 or fewer students are enrolled.


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| **RESPONSIBLE PARTY INFORMATION (one per family)** | | |
|---|---|---|
| Legal Guardian(s) Name: | | |
| Relationship to Student(s): | | |
| Address: | City: | Zip: |
| Home Phone: | Cell Phone: | |
| Email: | | |

| **HOUSEHOLD DEMOGRAPHICS** | |
|---|---|
| Family Income Range:<br>○ Under $20,000<br>○ $20,000 - $30,000<br>○ $30,000 - $40,000<br>○ $40,000 - $50,000<br>○ $50,000 - $60,000<br>○ $60,000 - $70,000<br>○ Over $70,000 | # of children in home: _____<br># of children in school: _____<br># of children in college: _____<br># of children enrolled at SDDA: _____<br># of adults in home: _____ |
| # of unemployed adults in household (please explain): | |
| Amount of monthly tuition you are able to pay per student: | |
| Special Circumstances to Consider (use extra page, if needed): | |

Please include the following documents with application:

- Letter of Recommendation (from non-relative)
- Letter to Scholarship Committee (preferably from student)
- Proof of family income *(must include proof of child support, social security, disability, or other gov't assistance)*

By signing below, I certify that a) all student and family information contained in this application is accurate, and b) I am applying for tuition assistance in good faith. Further, if awarded scholarship funds for my student(s), I agree to return (fully executed) the required Scholarship Contract within the required 72 hours.

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Responsible Party Signature | Date | Received by SDC Director | Date |