

THE SCHOOL OF
alaskadance theatre
A nonprofit organization, est. 1981

FINANCIAL NEED SCHOLARSHIP APPLICATION
For:
2010-2011

DEADLINE FOR ACADEMIC YEAR 2010-2011 SCHOLARSHIPS IS July 30, 2010

Our scholarships are made possible through generous contributions from the following individuals and corporations:



Scholarships are awarded depending upon the number of applications and the amount received for scholarship funding. Scholarships may be awarded for a full year or for a semester. Scholarships not used may be awarded to other candidates.

Eligibility Criteria

- Demonstrates financial need
- Applicant must be six (6) years old or older
- Interest & dedication to learning dance as shown by essay. If a previous student, attendance records and promptness to class will be taken into consideration
- All payments must be up to date with the School of Alaska Dance Theatre

Please be sure to follow the directions on the application and provide all the requested information. **Incomplete applications will not be considered.** Should you have any questions, please contact the front office, for assistance.

Late applications **may** be considered at the discretion of the Scholarship Committee.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Please return this application to: The School of Alaska Dance Theatre
phone: 277-9591 fax: 274-3078

**THE SCHOOL OF ALASKA DANCE THEATRE
FINANCIAL SCHOLARSHIP APPLICATION**

Student Name _____ Age _____ Date of Birth _____

Class(es) Desired _____ Fee _____

_____ Fee _____

_____ Fee _____

_____ Fee _____

_____ Fee _____

New to ADT? Yes _____ No _____ Number of years with ADT _____

Parent or Legal Guardian (if under 18)

Student/Parent or Legal Guardian Mailing Address

Student/Parent or Legal Guardian Physical Address

Occupation: _____ Employer : _____

Student? Yes _____ No _____ FT _____ PT School attending _____

Phone Number Home _____ Work _____ Cell _____

Email Address

Best way to contact applicant? _____

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HOUSEHOLD INFORMATION

Total number of people residing in the home _____

Relationship of each person to primary household wage earner:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

FINANCIAL INFORMATION

Please attach most recent 1040 or 1040A

List amount from line 37 of 1040 (line 21 of 1040A) \$ _____

List quarterly income (last 3 months) \$ _____

A) List current annual household income (do not include PFD) \$ _____

B) List # of household members receiving PFD ____ and total amt \$ _____

C) List all other sources of income or change of income (including child-support, social security or government transfer payments, retirement, TANF, disability, garnishment of PFD, etc.). Please note any one time payments expected such as dividends from Native Corporation, etc. Use additional paper if necessary.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Household Annual Income (add lines A, B, & C) \$ _____

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APPLICANT'S STATEMENT

The primary household wage earner (and legal guardian) must provide a letter stating the following:

- 1) Why scholarship assistance is needed. Include any recent unusual circumstances such as medical or major illness, loss of employment or business, or lack of child support.
- 2) Why the School of Alaska Dance Theatre was chosen for dance education.
- 3) Former scholarship recipients must include a statement about why another scholarship is necessary and what measures the household is taking to find other sources for class fees.

The student must also provide letter stating why they wish to enroll in dance class(es) at ADT. If the student is already enrolled, then state why he/she wishes to continue studying at ADT. **Please attach both the parent and student letters to the application form.**

Scholarship recipients will be evaluated by dance instructors as to the student's attendance, promptness, attitude and desire to continue dance studies. ADT reserves the right to limit the number of times any one applicant can be awarded this scholarship.

If awarded a scholarship, my student _____ will attend class on time.

Parent/Guardian _____ Date _____

Please review your application to be sure have completed all blanks and attached all statements and forms. **THE COMMITTEE WILL CONSIDER ONLY COMPLETE APPLICATIONS RECEIVED BY THE DEADLINE (stated on applications cover).**

FOR ADT USE ONLY

Application Received: Date _____ Time _____ Initials _____

Application Check List:

- _____ Basic Information, all blanks completed
- _____ Household Information, all blanks completed
- _____ Financial Information, all blanks completed
- _____ Most recent 1040 or 1040A attached
- _____ Parent/Guardian Statement
- _____ Student Statement
- _____ Previous recipient evaluation (ADT Instructor)

Scholarship Award \$ _____ Date Notified _____

Class(es) Enrolled _____

Scholarship Denied _____ Date Notified _____