

Ballet Ariel announces their Student Education Scholarship Program  
SCHOLARSHIP APPLICATION GUIDELINES

Applications are due by September 28th for the fall session. Awards run for fall through spring and will not exceed 50% of the total tuition. Performance fees, costume fees, dancewear and other merchandise needed are to be paid by parents.

Only students of Ballet Ariel and that are in good standing are eligible to receive scholarships. Students who fail to adhere to the conditions of the agreement risk losing their scholarship.

ELIGIBILITY

- Students must have taken classes in dance for at least one session
- Students will be between 5 to 18 years of age
- Students will have a good attendance record, show talent, promise, and dedication
- Students family must have a financial need
- Students who have outstanding balances may be ineligible for scholarships

All Students who wish to receive a scholarship award must submit the following:

- Complete the application form
- Proof of residency with legal street address
- Proof of household income for the parent(s) and/or legal guardian in which the student resides
  1. Signed copy of Federal Income Tax Form with W2 attached or
  2. SSI Notification Medical Record or
  3. TANF Notification Record or
- Household Information Form
- Complete and Sign Registration Form
- Sign and adhere to the conditions of their Scholarship Agreement

SCHOLARSHIP APPLICATION FORM

Basic Information

Student Last Name : \_\_\_\_\_ Student First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: Male / Female

Parents Last Name: \_\_\_\_\_ Parents First Name: \_\_\_\_\_

Parents Last Name: \_\_\_\_\_ Parents First Name: \_\_\_\_\_

I/We attest that all information on this form and the supplementary documents that we provide (i.e. proof of residency, household income, etc.) is accurate.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Financial Information

Income Verification: (check one)

IRS Tax Return  SSI Notification Medical Record  Tanf Notification

Residency Verification: (check one)

Medical record  School record  Utility record

Annual Household Income: \$ \_\_\_\_\_

Applicants Race or Ethnic Background

African American  Asian  Caucasian  Hispanic  Middle Eastern  Native American

Other \_\_\_\_\_

FOR OFFICE USE ONLY

Scholarship Awarded

Dollar Value \$ \_\_\_\_\_ Percentage % \_\_\_\_\_

Term  Fall  Spring  Summer  Annual

Decision Date \_\_\_\_\_

Director's Signature \_\_\_\_\_

Additional comments:

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BALLET ARIEL COMPANY AND SCHOOL  
Student Scholarship Program

**Student Profile**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_  
Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/ guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Student email: \_\_\_\_\_ Parent email: \_\_\_\_\_

**Dance Background**

1. How long and what styles of dance studied?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What performance experience has dancer had?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Tell us what dance means to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What kind of dance do you like best?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is it like to study dance? Why do you like it?

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6. What is your dream about dancing in the future?

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Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parents Statement**

Parent / Guardian: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Dancer's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

- 1. Do you receive governmental aid? (i.e. Welfare, Medi-Cal, SSI or SSA). Yes No
- 2. How many family members in your household? Include all persons living at your address.

\_\_\_\_\_

- 3. What is your total annual income? Briefly list all sources of income for your household.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Where are you employed? \_\_\_\_\_

5. Are you a single parent? Yes No

- 6. Briefly describe your reason for needing a scholarship for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 7. Tell us about your child and their experience with dance. Do you see a future in dance for them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 8. Tell us how and why you support your child's talent.

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9. Has the student received tuition scholarships in the past? How much and from where?

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_