

DANCE PALACE SCHOLARSHIP APPLICATION – 2008-09

Students: *Please fill out the top portion of this application completely*, and give it, with your 50% share of the class fee, to your class teacher.*

Teachers: *Please fill out the bottom portion of this application completely*, and submit all scholarship applications for your current session at one time for reimbursement.*

**Incomplete applications will not be accepted, and no checks will be issued until the form is complete.*

To be completed by each student:

Name of participant:

Parent names (if under 14):

Address:

Phone number:

Age:

Class you are interested in taking:

Teacher's name:

Please indicate briefly below why you need a scholarship, including any special circumstances:

****Annual household income (you must provide this information in order to receive assistance):**

Please circle if you receive any of the assistance listed below:

AFDC Food Stamps MediCal Free/Reduced School Lunch CalWorks Social Security/SSI

Would you be unable to take this class if you didn't get a scholarship:

Signature:

Date:

To be completed by the teacher:

Fee for session:

Has the student paid you their 50% fee?

Is this student new or continuing:

If continuing, have they attended class regularly in the past?

Signature:

Date:

