# Moscow Movement Arts Center announces their Dance Education Scholarship Program SCHOLARSHIP APPLICATION

Moscow Movement Arts Center Scholarship policy is designed to promote students' disciplined study of high-quality dance instruction. Scholarships are awarded to students based on financial need, artistic ability and promise, and availability. Any form of dance is eligible. First, check with your instructor to make sure they will recommend you. Fill out your portion, have your parent/guardian complete their portion, and mail them to PO Box 8054 Moscow, ID 83843. Awards for fall and spring programs will be offered at a set dollar amount or percentage discount of the total tuition as resources permit. Only severe hardship cases will be reviewed and/or awarded scholarships above 60%. Performance scholarships are not included in this application and must be applied for separately at the time of collection. Only students that are members of Moscow Movement Arts Center in good standing are eligible to receive scholarships. Awards are divided monthly per term. A mid-term progress report from their instructors are required to receive remaining installments. 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 1 year.
- Students will be between 8 & 18 years of age.
- Students must have a good attendance record, show talent, promise and dedication.
- Student's family must have a financial need.
- Students who have outstanding balances may be ineligible for scholarships.
- Students must take at least one ballet and one technique class In order to be eligible for a scholarship. All Students who wish to receive a scholarship award must submit the following:
- Complete application form
- Proof of Residency with legal street address
- · Explanation of financial challenge
- Household Information Form
- · Complete and signed Student Profile
- Complete and signed Instructor Recommendation Form
- Complete and signed Guardian Statement

Only complete applications submitted to PO Box 8054 Moscow, ID 83843 by 5pm on August 1st will be considered. Please note that incomplete applications will not be reviewed. All applicants will be notified of the results by 5pm on August 8th.

Student Last Name:	First Name:	
Parent Last Name:	First Name:	
I/We attest that all information on this fo	orm and the supplementary documents that we	
provided (i.e. proof of residency, household income, etc.) is accurate.		
Dancers Signature	Date:	
Parent/Guardian Signature	Date:	

### **Moscow Movement Arts Center**

Your Home for Classical Ballet on the Palouse www.moscowmovementartscenter.com



PO Box 8054, Moscow ID 83843 · (208) 301 - 8746

	FOR OFFICE ONLY		
Scholarship Award:	Dollar Value \$ Percentage %		
	Term [] Fall [] Spring [] Summer []	annual	
Residency Verification:	[] Medical record [] School record	Decision Date	
Scholarship Committee Member S	Signature	Date:	
=======================================			
	STUDENT PROFILE		
Name of Student:		Age:	
Academic School:		Grade:	
Parent / guardian:			
	Zip:		
Phone:	Cell:		
Student email:			
1. How long and what styles			
2. What performance experi	ence has the dancer had?		
3. Has the student received	tuition scholarships in the past? How	much? How long?	

USPS to PO Box 8054 Moscow, ID 83843 by 5pm.	s must be turned in together by
Applicants Signature	
Applicants Signature	Date
8. Other comments?	
7. What is your dream about dancing in the future?	
6. What is it like to study dance? Why do you like it?	
5. What kind of dance do you like best and why?	
4. Tell us what dance means to you.	

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### **INSTRUCTOR RECOMMENDATION**

Instructor Name:	
Phone:	
Length of time student has studied with you:	
Tell us about this student, including your opinion	on of his/her talent, potential, dedication, past
progress, attendance record.	
How do you think this child would benefit from	continued study in dance?
What is this student's strength in dance?	
Other comments?	
Instructor's Signature	Date
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Please use other side if needed to complete information.

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### **GUARDIAN STATEMENT**

Parent / Guardian:	
Mailing Address:	
City / State:	Zip:
Phone:	Cell:
Dancer's Name:	
Parent's Email:	
1. How many family members are in your household	d? Include all persons living at your
address	
What is your total annual income? Briefly list soul household.	
3. Employer(s):	
4. Are you a single parent? Yes No	
5. Briefly describe your reason for needing a schola	rship for your child.
6. Tell us about your child and experience with danc	ce.
7. Tell us how and why you support your child's tale	nt.
8. Has the student received tuition scholarships in the	he past? How much and from where?
Guardian Signature:	Date:

Please use other side if needed to complete information.

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