



## DANCE SCHOLARSHIP PROGRAM

### SCHOLARSHIP OVERVIEW

Elk Grove Youth Dance, Inc. awards scholarships to outstanding youth in our community who display a passion and desire to learn the art of dance. Awarded scholarships will assist the Recipient in participation of dance class(es) on a monthly basis.

The Board of Directors and/or the Scholarship Committee of Elk Grove Youth Dance, Inc. will review all applications. The scholarship criteria are at the discretion of Elk Grove Youth Dance, Inc.

Please be aware that these awards are limited, and applicants must satisfy all eligibility requirements in order to be considered for a scholarship. The following lists the scholarship application/awards dates.

Scholarship application period: **September 6 - 20**

Scholarship approvals sent out: October 1 -31

Note: Scholarship applications will not be accepted outside of the application periods listed above.

### ELIGIBILITY

1. Applicant must be 19 years old or younger.
2. Applicant must attach a written essay (minimum 200 words). If applicant is under the age of 9, the essay may be written by a parent/guardian. The essay should tell us the following:
  - a. about yourself
  - b. about your desire to dance, and
  - c. about how dance will impact you and your community
  - d. about how you will use the scholarship
3. Applicants must be in good standing with class attendance.
4. Applicants must be up-to-date and in good financial standing with the dance studio.
5. Applicants must have a teacher recommendation form accompany the application. (If you have no dance teacher, your school teacher may complete the form.)

Please email the **completed application along with essay and teacher recommendation to [treasurer@egyd.org](mailto:treasurer@egyd.org)** or mail to:

**Elk Grove Youth Dance, Inc.  
PO Box 108  
Elk Grove, CA 95759-0108**

Teacher recommendation may be completed and submitted electronically at [www.EGYD.org](http://www.EGYD.org)

***\*\*We respectfully request that dancers with household income levels greater than \$50,000 do not apply for our scholarships\*\****



**DANCE SCHOLARSHIP PROGRAM APPLICATION**  
Application Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Parent/Guardian Phone #: \_\_\_\_\_

1. Are you a first-time applicant? \_\_\_\_ Yes \_\_\_\_ No

2. Studio Name: \_\_\_\_\_

Studio Director: \_\_\_\_\_

Studio Phone #: \_\_\_\_\_

Please check the style(s) of dance that you are interested in participating:

- |                                 |                                       |                                      |
|---------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Jazz   | <input type="checkbox"/> Lyrical      | <input type="checkbox"/> Hip Hop     |
| <input type="checkbox"/> Tap    | <input type="checkbox"/> Modern       | <input type="checkbox"/> Creative    |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Other _____ |

I have reviewed this application for completeness and accuracy. I authorize my son/daughter to submit a Dance Scholarship Program Application.

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