



2012 Summer Movement Institute

APPLICATION FOR SCHOLARSHIP

PLEASE FILL OUT BOTH SIDES OF THIS FORM AND PRINT ALL INFORMATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Return application with tax return, pay stub or if unemployed, a bank statement OR a certified letter verifying unemployment status to Natalie Rogers-Cropper BY MAY 25TH, 2012!

Date _____

Name of Applicant _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ Date of Birth _____ Age _____

Name of Parent/Guardian (if applicant is under 18) _____

Relationship to Applicant _____

Occupation of Applicant/Parent or Guardian _____

Employer's Name _____ Phone (work) _____

Circle one: Full time employment Part time employment

Marital Status _____ Number in household _____

Spouse Name _____ (please indicate N/A if not applicable)

Spouse Occupation _____

Employer's Name _____

Phone (work) _____

Circle one: Full time employment Part time employment

List names and ages of all dependents: _____

Indicate with a check mark your current income level per household (including public assistance, child support, etc.):

- 1 Under \$20,000
- 2 \$20,000 - \$35,000
- 3 \$35,000 - \$50,000
- 4 Over \$50,000



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SCHOLARSHIP CRITERIA

- (1) All students wishing to apply for a scholarship must do one of the following:
 - a) Audition in person by taking a Garth Fagan Dance technique class
 - b) Audition by sending a video tape by May 25th, 2012 (If not possible please send dance resume)
 - c) Submit one letter of recommendation
 - (2) **Attendance is mandatory.** All absences must be pre-approved with instructor before classes begin. Student must provide instructor with written excuse upon returning to class. Instructor then has final say as to legitimacy of excuse, and resulting status of scholarship.
 - (3) One or more of the following Scholarship student duties will be assigned:
 1. Teaching a warm-up/stretch class from 8:30 am to 9:00 am
 2. Demonstrating in technique classes
 3. Supervising younger students at lunch time
 4. Acting as chaperones on outings
 5. Cleaning the studios and dressing rooms
 6. Registration and sign in
 7. Miscellaneous office duties
 - (4) **If student has caught or been exposed to contagious viruses or diseases prior to or during the Summer Movement Institute, student will not be allowed to participate without written approval from a doctor that the virus/disease is no longer a threat.**
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I, _____ understand that by being a recipient or the parent/guardian of a recipient of a Garth Fagan Dance Summer Movement Institute Scholarship, I agree to the terms described above. I also understand that I/my child will attend all of the classes designated for my/his/her age group on a daily basis at the designated hour, and that failure to attend for any reason enters the status of the assistance into the discretion of the instructor. I understand that the terms of the scholarship are non-negotiable. Classroom progress, behavior, adaptability, and discipline will be taken into consideration to determine if the scholarship will be continued. Since I/my child will be required to work with children 8 years old and up, I/my child agree to immediately alert the teachers should I/my child come in contact with or catch any contagious diseases or viruses. Should illness of a contagious nature occur, I /my child understands that I/he/she will not be allowed to participate in or work for the Summer Movement Institute without written approval from a doctor that the virus/disease is no longer contagious.

Date: _____ Name of Student: _____

Signature of Student: _____

Signature of Parent/Guardian (if recipient is under 18): _____