

Dancer Scholarship Application



SCHOLARSHIP CANDIDATES ARE REVIEWED BY THE BALLET FANTASTIQUE BOARD OF DIRECTORS AND ARTISTIC STAFF ON THE BASES OF DEMONSTRATED FINANCIAL NEED AND TECHNICAL/ARTISTIC PROFICIENCY.

PART I: GENERAL INFORMATION

DANCER'S NAME: _____
FIRST M.I. LAST

PARENT/GUARDIAN: _____
FIRST M.I. LAST

HOME ADDRESS: _____

CITY STATE ZIP PHONE

CHECK THE APPROPRIATE BOX:

- STUDENT IN CHILDREN'S DIVISION (AGES 4-9)
- STUDENT IN PROFESSIONAL DIVISION (AGES 10 & UP)

DANCER'S DATE OF BIRTH: _____ CITIZENSHIP: _____

RACE/ETHNIC IDENTITY (CHECK ONE):

Ballet Fantastique is required to report the amounts of scholarships awarded to individuals identifying with each of the following categories. Though not required, your answer helps us in our records. Ballet Fantastique does not discriminate on the basis of race, ethnicity, or national/ethnic origin.

- ALASKA NATIVE/AMERICAN INDIAN
- BLACK/AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ASIAN
- HISPANIC OR LATINO
- WHITE/CAUCASIAN
- OTHER: _____

PART II: FINANCIAL NEED

THE ABOVE-NAMED DANCER IS ELIGIBLE FOR THESE PROGRAMS (CHECK ONE):

- OREGON HEALTH PLAN
- SCHOOL DISTRICT ____ FREE- AND REDUCED- PRICE LUNCH
- OTHER: _____

GROSS INCOME FOR LAST YEAR (20__): \$ _____ ON IRS FORM # _____

- ALREADY FILED (please be prepared to supply a copy on demand)
- HAVE NOT YET FILED, BUT WILL FILE (give \$ approximation)
- WILL NOT FILE (state reason): _____

OF HOUSEHOLD MEMBERS: _____ ADULTS _____ CHILDREN

OF DEPENDENTS IN HOUSEHOLD: _____

DEPENDANTS' AGES: _____

MOTHER'S OCCUPATION: _____

FATHER'S OCCUPATION: _____

60 EAST 10TH AVENUE
EUGENE, OR 97401
541.342.4611

DONNA MARISA BONTRAGER,
ARTISTIC DIRECTOR

BOARD OF DIRECTORS

DONNA M. BONTRAGER
HANNAH J. BONTRAGER
ANNE BOGART
DONNA M. SNYDER
BARTON E. SNYDER
MARGIE VAN DORN

FINANCIAL NEED CONTINUED

Attachments (required):

- (A) A letter from the student (for dancers ages 10 and up) explaining what goals the student wishes to obtain through dance, why he/she is interested in training at Ballet Fantastique, and how a scholarship will help him/her in achieving those goals
- (B) A letter to explain any circumstances that support your request for a scholarship. We understand that family income may appear sufficient, but that there may be other circumstances, temporary or long-term, which affect that income.

PART III: TECHNICAL EVALUATION

In most circumstances, scholarship candidates will be evaluated over an extended period (a minimum in most cases of one month) for their technical and artistic proficiency, improvement, dedication, conduct, and progress. During the observation period, the student/guardian is responsible for tuition except under rare circumstances which must be approved in advance. Currently enrolled students' previous performance will be taken into consideration in scholarship renewal awards.

RETURNING STUDENTS: Number of years of training at Ballet Fantastique: _____

NEW STUDENTS: # of years of dance training: ____ Most recent dance school: _____

PART IV: DECLARATION OF UNDERSTANDING AND INTENT

Ballet Fantastique student scholarship recipients and their guardians are required to sign a statement of commitment and intent upon receipt of their scholarship. In the event that the enrolled scholarship student and/or guardian break the terms of the contract (except in the case of approved and extreme extenuating circumstances), the scholarship agreement becomes void and the recipient/guardian may be held responsible for the monetary difference between the tuition for the class he/she was enrolled in for the length of time he/she participated in Ballet Fantastique programs prior to terminating the contract.

If at any time during the scholarship period, Ballet Fantastique determines that the recipient is not adhering to the terms of this agreement, Ballet Fantastique reserves the right to terminate the contract.

I/WE CERTIFY THAT ALL OF THE INFORMATION PRESENTED HERE IS CORRECT AT THIS TIME AND THAT I/WE WILL PROVIDE IMMEDIATE NOTIFICATION OF ANY CHANGE IN MY/OUR FAMILY SITUATION, FAMILY INCOME OR ASSETS. WE UNDERSTAND THAT THIS IS AN APPLICATION ONLY AND THAT IT WILL BE REVIEWED BY THE BALLET FANTASTIQUE BOARD OF DIRECTORS AND ARTISTIC STAFF. WE UNDERSTAND THAT IN MOST CASES, THE TECHNICAL EVALUATION WILL EXTEND OVER A ONE-MONTH OBSERVATION PERIOD.

IF A SCHOLARSHIP IS AWARDED, WE ARE PREPARED TO COMPLY WITH THE ABOVE-STATED TERMS AND CONDITIONS.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT PARENT/LEGAL GUARDIAN'S NAME

SIGNATURE OF STUDENT

DATE

PRINT STUDENT'S NAME