



Scholarship Application

Name _____

Mailing address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Student name _____ Age _____ Grade _____

Student name _____ Age _____ Grade _____

Student name _____ Age _____ Grade _____

Number of family members living in your household: _____

Father/Guardian employed? Yes No

Employer _____ Work phone _____

Position _____ Salary _____

Mother/Guardian employed? Yes No

Employer _____ Work phone _____

Position _____ Salary _____

Do you have any other means of income? Yes No

If yes, please explain:

Classes/track your child(ren) participates in:

Please explain why you are applying for a scholarship:

Please submit a copy of your most current pay stub(s) along with a copy of your most recent 1040 tax return form.

Terms & Conditions

I certify that the information submitted in this application is complete and correct to the best of my knowledge and I will notify Sole City Dance of any changes in the above information. Sole City Dance has the right to withdraw or change scholarship amount due to parent(s)/guardian(s) employment or status change.

All information related to this application will be reviewed only by the Arts Rochester (dba Sole City Dance) Executive Director and Board Chair/President and will be kept strictly confidential. Upon review, notification will be sent via email indicating approval or denial of your request, including the amount of scholarship granted.

Due to the generous financial expenditure made through our scholarship program, we require that all scholarship recipients dance exclusively with SCD during the academic year.

Scholarships are for tuition only and all other fees and costumes must be paid for according to SCD guidelines.

I have read and agree to the terms/conditions above.

Signed _____ Date _____