



Columbia Dance Scholarship Application

SPRING 2018 Deadline: January 20, 2018

Columbia Dance is offering Financial Scholarships for students who would otherwise not be able to continue their dance training due to financial hardships. We understand there are times within all families when financial commitments require that some sacrifices be made. We would like to provide some assistance so that your child need not give up dancing.

Scholarship award decisions will be made by a committee comprised of 2-3 members of the current Board of Trustees and the Artistic Director. Please be aware that all the information enclosed will be held in strict confidence. Only the Scholarship Committee will have access to the information you have provided and it will be kept in a locked file cabinet to ensure privacy.

Scholarship duration will be determined by the Scholarship Committee, but will not be for longer than one semester (5 months) at which time a new application will be required for continued assistance.

The criteria used to determine scholarships granted are as follows:

1. The amount of money we currently have available for scholarships; the number of dancers already on scholarship or currently applying.
2. The parents' and the Artistic Director's opinion about how dedicated or passionate your child is about dance. This does not mean that your child must be planning on a career in dance, only that they feel strongly about the experience now. What are some of the sacrifices he/she has made to continue dancing?
3. Your description or other evidence of financial hardship. Are you supporting parents, are there new medical concerns by a family member, has someone lost a job, is someone attending college, any other financial issues?
4. Family support for your child's dance experience. This is evidenced on your part by your past efforts to have your child to class on time, dressed properly, and focused on dance. We take into account absenteeism and tardiness. We also consider the amount of time your child has been dancing
5. Willingness to fulfill monthly volunteer service requirements for the dance center.

Columbia Dance Scholarship Financial Information Form

Please attach supporting documentation to support your financial situation, such as a recent pay stub, disability or Social Security stub, bank records, or tax return. If you have any questions or concerns, please feel free to contact our office at 360-737-1922.

Provide the monthly amount you are able to pay: \$ _____
Number of months needed: # _____

Please note: scholarships are not granted for Company and audition Fees, which offset direct expenses to Columbia Dance

STUDENT(S) NAME(S): _____ AGE(S): _____

PARENT/GUARDIAN: _____ PHONE: _____

| | | | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| Name: | Address: | | Email: |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | |
| Employment Status: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled | | |
| # of Dependents & Names and ages: | | | |
| Monthly Income: (Please provide documentation): | Gross wages: | Net wages: | Child support/ Alimony: |
| | Social Security: | Disability income: | Other income: |

SPOUSE OR FINANCIAL PARTNER (If Applicable):

| | | | |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| Name: | | | |
| Employment Status: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled | | |
| Monthly Income: | Gross wages: | Net wages: | Child support/ Alimony: |
| | Social Security: | Disability income: | Other income: |

ASSETS:

| | | |
|-----------------------------------------|----|----|
| Checking account(s): | 1. | 2. |
| Savings account(s): | 1. | 2. |
| Investments, excluding retirement funds | 1. | 2. |

MONTHLY EXPENSES:

| | | | |
|------------------------|------------|------------|--------|
| Monthly Rent/Mortgage: | | | |
| Credit Card Names: | 1. | 2. | |
| Credit Card Payments: | 1. | 2. | |
| Loan Payments: | Auto: | School: | Other: |
| Additional Bills: | Utilities: | Insurance: | Food: |

By signing below, I certify that the above information is true to the best of my knowledge. I understand that the discovery of any misrepresented/false information is cause for immediate denial of scholarship request.

Print Name: _____

Signature: _____ Date: _____

To assist the Scholarship Committee, please answer the following:

Explain in your (or your child's) words what the scholarship will mean for him or her.

Explain the amount of dance training your child has.

Explain why a financial scholarship is needed at this time.

What volunteer efforts are you willing to perform in exchange for the scholarship? _____

Are there any other issues or comments that would help us make a decision?

***All Scholarship recipients and/or their families will be expected to volunteer service hours to Columbia Dance each month.**

| Additional Required Information: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>FAMILIES, PLEASE COMPLETE: Student Level and name of class or classes to be taken.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>FOR OFFICE USE ONLY: Total Monthly Tuition Due: \$ _____ Required payment per month: \$ _____ Amount of Scholarship approved: \$ _____ Required Service Hours per month: _____ hours Office Information: _____ _____ _____ _____ Received by _____ Date _____ Reviewed by _____ Date _____</p> |

Please return forms in a sealed envelope to:
 Columbia Dance Center
 ATTN: Hannah Pass
 1700 Broadway St.
 Vancouver, WA 98663