



Scholarship Assistance Application

Dance Project: the School at City Arts recognizes that some students will require financial assistance in order to participate in dance classes. A limited number of scholarships are available for those who qualify. The information requested below is confidential and necessary to help determine the degree of need for each applicant. All information must be filled in or the application will not be accepted. If you are applying for multiple scholarships, a separate application is required for each participant. Please return to Dance Project's office, suite 101b or mail it to: 200 N. Davie Street, #7, Greensboro, NC 27401.

Participant Information:

Student Name: _____ Birth date: ____/____/____ Age: _____ Race: _____

Address: _____

City: _____ Zip: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

The normal fee for this program is \$_____, what do you think you will be able to pay? \$ _____

This scholarship will be used for which class(es)? _____

Parent/Guardian Information:

Father's Name: _____ Employer: _____

Mother's Name: _____ Employer: _____

Total number of children living at home: _____

Total number of adults in household: _____

Please check Total Yearly Family Income (include child support if applicable):

- Under \$10,500
- \$10,500-\$14,000
- \$14,000-\$18,000
- \$18,000-\$21,000
- \$21,000-\$25,000
- \$25,000-\$29,000
- \$29,000-\$32,000
- \$32,000-\$36,000
- \$36,000 and up

A copy of your latest 1040 Income Tax Form is required. Please attach this information to the application.

I attest that all of the application information is true and accurate to the best of my knowledge. I understand all scholarship students are expected to be prepared, prompt, in regular attendance, and conduct themselves in a respectful manner. If this application is accepted, I will certify that we will abide by all of the policies and procedures of Dance Project: the School at City Arts.

Parent/Guardian Signature: _____ Date: _____



Financial Assistance Guidelines

Gross Annual Income Level	1 in household	2 in household	3 in household	4 in household	5 in household	6 in household
Under \$10,500	75%	75%	75%	75%	75%	75%
\$10,500-\$14,00	65%	75%	75%	75%	75%	75%
\$14,000-\$18,000	50%	65%	75%	75%	75%	75%
\$18,000-\$21,000	35%	50%	65%	75%	75%	75%
\$21,000-\$25,000	20%	35%	50%	65%	75%	75%
\$25,000-\$29,000	0%	20%	35%	50%	65%	75%
\$29,000-\$32,000	0%	0%	20%	35%	50%	65%
\$32,000-\$36,000	0%	0%	0%	20%	35%	50%

**\$36,000 and over with extenuating circumstances

For example:

A family of four with a gross annual income of \$19,000 is eligible to have 75% of their child's class paid for. If the class costs \$176/semester; the family will need to contribute \$44. ($\$176 \times 75\% = \132 ; $\$176 - \$132 = \$44$)

For Office Use Only

Date Received: _____ Date Approved: _____

If not approved, reason why: _____

Class: _____ Regular Class Fee: \$ _____

Less Scholarship Amount: \$ _____ Total Fee Due: \$ _____

School Director Signature: _____ Date: _____