Brattleboro School of Dance Scholarship Application

| Please print: Applicant/Responsible party: | |
|---|------------------|
| Date: | |
| Student's name(s): | |
| _ | |
| Age(s): Date(s) of Birth: | |
| Street address: | Phone: |
| Town: | State : |
| Zip: | |
| Number of persons <u>in household</u> : Application for summer (check one) | r: fall¤ spring¤ |
| Please list registered classes, time & day: | |
| | |
| Yearly income: \$ | (specify |
| year) | |
| Child support received (in addition to yearly income): \$ | |
| Check the box if you are interested specifically in the Colleen McClescholarship. If you have checked the above box, please address you ballet training in the space below. | |

If not, please make any explanations or comments regarding yourself or your child as to why you should receive scholarship funds.

Your personal information is confidential. Your application may be seen only by the scholarship committee.

Please return this form **with a copy of your most recent IRS tax return** if filed. (Both IRS returns if two parents are in the home and file separately.) Please **enclose documentation** for *all* sources of income, including child support and the previous month's paystubs.

Please note scholarship applications are due before the start of the semester. Check at the desk for due date.

| | Signature of applicant/responsible party: |
|----------|---|
| (8/3/18) | |