

SILHOUETTE SCHOLARSHIP APPLICATION

Name _____

Email _____

Phone Number _____

Parent(s) Names _____

Parent Email _____

Fund accessibility. Check all that apply:

<input type="checkbox"/>	There are two or more siblings taking dance from this family	<input type="checkbox"/>	I pay for dance without the help of my parents
<input type="checkbox"/>	My family pays for dance but my parents are currently out of work	<input type="checkbox"/>	I do not have a job
<input type="checkbox"/>	I am willing to do a job or trade as part of my payment	<input type="checkbox"/>	I do not have support of my dance from home
<input type="checkbox"/>	I have limited resources	<input type="checkbox"/>	My parents have limited resources
<input type="checkbox"/>	Other(please explain)	<input type="checkbox"/>	

Trade accessibility. Use "M" for me & "P" for parent.

<input type="checkbox"/>	Yardwork	<input type="checkbox"/>	Cooking Meals
<input type="checkbox"/>	Home Repair	<input type="checkbox"/>	Groceries
<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Other: Please Specify:

Any other information that pertains to partial financial assistance: