

Name of participants: _____

Parent/Caregiver name (if applicable): _____

How many participants in your family are applying for scholarships to attend Dance Palace programs this year?

Address: _____

Phone: _____ Email: _____ Age: _____

Class(es) you are interested in taking: _____

Teacher(s) name(s): _____

Fee(s) for class session(s): _____

Please indicate briefly below why you need a scholarship, including any special circumstances:

Income Verification**Applicants must provide a copy of the first page of their most recent IRS tax return.**

Please circle if you receive any of the assistance:

AFDC Food Stamps/SNAP MediCal CalWorks Social Security/SSI

Annual household income: _____

How many people are living in your household? _____

Scholarship recipients (or their parent/caregiver) who receive a scholarship are requested to volunteer 4 hours in the year at the Dance Palace. Please check activities below and we will contact you to schedule upcoming volunteer opportunities.

_____ Lift and stack table and chairs and set up and tear down at events

_____ Sell tickets or concessions at Dance Palace event or fundraisers

_____ Help on mailings or special projects

_____ Help at volunteer work days

Signature: _____

Date: _____

Please note: The Dance Palace can offer a variety of scholarships. Please fill out this application and we will be in touch.

Scholarship information and documentation is used to verify income qualification and is then shredded. This information is never shared or reported to any agency under any circumstances.