

The Dance Palace

Community & Cultural Center

DANCE PALACE SCHOLARSHIP APPLICATION (2026 - 2027)

To be completed for each student

Name of participant: _____

Parent/Caregiver names: _____

Address: _____

Phone: _____ Email: _____ Age: _____

Class(es) you are interested in taking: _____

Fee(s) for class session: _____

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

Income Verification

Please circle if you receive any of the assistance:

AFDC Food Stamps MediCal CalWorks Social Security/SSI

****GROSS Annual household income for all wage earners:** _____

Number of people in household _____

****Proof of household income may be required**

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.*