



**314.997.7837**

2101 N. Warson  
St. Louis, MO 63132

DimensionsDanceCenter.com

Please enter information in this form, print and bring to DDC.

## Scholarship Application

*Section I*  
**Personal Information**

**Applicant Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City/State Zip Code

**Phone (Day):** \_\_\_\_\_ **(Eve):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**School Currently Attending:**  
\_\_\_\_\_

**Grade (if applicable):** \_\_\_\_\_

**How did you become aware of Dimensions Dance Center and the Scholarship Program?:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Section II*

**Family Information**

(Please complete the following section if you are under the age of 18 or dependant upon your family financially, i.e. parents pay expenses, applicant resides at home etc.)

**PATERNAL INFORMATION**

**Father's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City/State Zip Code

**Phone (Day):** \_\_\_\_\_ **(Eve):** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

**Annual Salary (before tax):** \_\_\_\_\_

**Please list any additional income from alternative sources:**

\_\_\_\_\_  
\_\_\_\_\_

**MATERNAL INFORMATION**

**Mother's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City/State Zip Code

**Phone (Day):** \_\_\_\_\_ **(Eve):** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

**Annual Salary (before tax):** \_\_\_\_\_

**Please list any additional income from alternative sources:**

\_\_\_\_\_  
\_\_\_\_\_

\* Please include with your application form copies of most recent Federal Tax Returns and two recent paycheck stubs for each parent if applicable.

*Section III*

**Employment Information**

(Please complete the following section if you are of legal working age.)

**Current Employer:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Length of Employment:** \_\_\_\_\_

**Monthly Salary (before tax):** \_\_\_\_\_

**Please list any previous employers:**

<b>Name:</b>	<b>Contact:</b>	<b>Phone:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please list any additional income from alternative sources:**

\_\_\_\_\_  
\_\_\_\_\_

\* Please include with your application a copy of your most recent Federal Tax Return as well as two recent paycheck stubs.

*Section IV*

**Dance History**

**A) Training**

**Please list all dance schools and/or programs you have attended:**

<b>Name of School/Program:</b>	<b>Dates of Attendance:</b>	<b>Courses Taken:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



*Section VI*  
**Scholarship Request**

**Please list all classes you would like to register for:**

---

---

---

---

**Please indicate whether you are currently a member of any dance company at Dimensions Dance Center:**

---

---

**If not currently a member are you planning to audition?**

(Membership in a dance company is NOT required to receive scholarship funds)

---

---

**Estimated Monthly Tuition Costs:** \_\_\_\_\_

**Your Estimated Monthly Contribution:** \_\_\_\_\_

**Amount of Scholarship Request (monthly):** \_\_\_\_\_

**WAIVER**

The applicant is hereby informed that all funds distributed by Dimensions Dance Center (DDC) Scholarship Program are done so at the sole discretion of DDC and that the determination of said distribution shall not be influenced by age, race, or creed. However, distribution is determined by the applicant's dance audition and financial need. To qualify for funds, recipients are required to agree to a scholarship contract which ensures the responsibility of the recipient and the use of the funds for the purpose for which they are intended.

**Applicant's Signature:** \_\_\_\_\_

I declare that the information in this application is true and correct.

**Date:** \_\_\_\_\_

**Parent or Legal Guardian's Signature** (if applicant is under the age of 18)

**Parent's Signature:** \_\_\_\_\_

I declare that the information in this application is true and correct.

**Date:** \_\_\_\_\_