



For Office Use Only

Registration Form: _____
Scholarship Application: _____
Statement of Need: _____
Statement of Intention: _____

SCHOLARSHIP APPLICATION FORM

APPLICANTS MUST SUBMIT THE FOLLOWING:

- Completed Registration Form with non-refundable program fee
- Completed Scholarship Application
- A Statement of Need letter describing circumstances that make it difficult for you to finance your tuition as well as the available tuition amount you can contribute (If applicant is under the age of 18, this must be submitted by parent/guardian)
- Applicant Statement of Intention letter describing your goals with your training at ARC
- Attach further supporting materials (optional)

PLEASE INDICATE THE SCHOLARSHIP FOR WHICH YOU ARE APPLYING:

___ ARC Dance Scholarship: Fall Spring Year Summer Dance
___ Julia Harig Scholarship

Student Name: _____ **Birthdate:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____

Please complete (if student is age 18 years or younger)

Name of Parent/Guardian (1): _____

Email: _____

Occupation: _____ **Employer:** _____

Name of Parent/Guardian (2): _____

Email: _____

Occupation: _____ **Employer:** _____

Gross Annual Household Income:

Under 10,000 10-20,000 20-30,000 30-40,000 40-50,000

Monthly Family Expenses: _____

How many persons does the above household income provide for? _____

I am/We are able to contribute _____ toward monthly tuition costs.

I certify that the information stated above is true and accurate:

Printed Name of Applicant _____

Signature of Applicant: _____ Date _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian, if student is under the age of 18: _____