



# Judy Dorland Strive Dance Scholarship Application

## PHILOSOPHY

The Judy Dorland Dance Scholarship Program was established to provide funding to support promising young dancers in financial need the opportunity to pursue dance excellence in Central Alberta.

## AMOUNT

This program is funded entirely by donations and therefore can be used only to the level that funds are available.

Student's families will be responsible to pay a portion of all costs.

## ELIGIBILITY

Any individual or family requesting financial assistance with dancer registration may apply.

Completely fill out attached application and attach a copy of your **previous years Income Tax Return.**

**All application forms will be held in strict confidence.**

**\*All applications are to be submitted no later than July 15<sup>th</sup>, 2015. Recipients will be notified no later than July 31<sup>st</sup>, 2015  
\*\*Any applications emailed or postmarked past the due date may not be reviewed. If any later applications are reviewed, applications meeting the deadline will be given first priority.**

Please mail or email completed application to

Judy Dorland

Strive Dance Scholarship

Address: 31, 38311 Range Road 270, Red Deer County, T4E 1B5

Email: [jd.dorland@gmail.com](mailto:jd.dorland@gmail.com)

# Judy Dorland Strive Dance Scholarship Application

Application Form (Please Print CLEARLY)

(If applying for more than one child, please use a separate form for each child)

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

Name of Child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Program(s) you are requesting Assistance for: \_\_\_\_\_

How many adults are in your household: \_\_\_\_\_

How many children are in your household: \_\_\_\_\_

What are their ages: \_\_\_\_\_

Are you. . . . .

Are other household adults. . . . .

Employed Full Time \_\_\_\_\_  
Employed Part Time \_\_\_\_\_  
Unemployed Student \_\_\_\_\_  
On Medical Disability \_\_\_\_\_  
\_\_\_\_\_

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Employed Part Time \_\_\_\_\_  
Unemployed Student \_\_\_\_\_  
On Medical Disability \_\_\_\_\_  
\_\_\_\_\_

Are you receiving any form of assistance at the present time: Yes No

In an effort to assist in the decision making process, please explain your family situation. Please also include why you feel your dancer would be a suitable recipient.

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\_\_\_\_\_  
*Signature*

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