

Office Use Only
Percentage _____
Authorized by _____

SCHOOL OF THE
GRAND RAPIDS **BALLET** COMPANY
2011-2012 School Year
SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: August 22, 2011 We must have your complete application by that time to consider your student for a scholarship for the 2011 Summer Program.

STUDENT INFORMATION

Student Name _____ Birthdate _____ Age _____ Ballet Level _____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____

FAMILY INFORMATION

Parent/Guardian Name _____ Relationship to Student _____
Address (if different from above) _____
City _____ State _____ Zip _____
Phone _____ Email _____

Others in Household:	Name	Age	Dependent?
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Are any dependents in college or other special training? _____

INCOME INFORMATION

Current Employer of Parent/Guardian _____
Employer Address _____
Annual Income \$ _____

Does the student earn any income? Yes No

If yes, please list employer _____ Pay Rate _____

Child Support: _____ per month ADC/DCFS: _____ per month
Alimony: _____ per month Other: _____ per month

Do you own or rent your residence? _____

Any unusual expenses/obligations you would like to have considered? _____

Please attach a copy of your previous year's income tax return, including copies of all W-2, AMD, 1099's
(in accordance with state regulations, we must have this information to consider your application)

I have provided all relevant information necessary to determine financial assistance for the student named in this application. All information is as accurate as possible.

Parent/Guardian Signature _____ **Date** _____