

BROOKE DESNOES BALLET ACADEMY & BALLET SOUTH 2023-24 TUITION ASSISTANCE SCHOLARSHIP REQUEST

The below form should be completed to apply for a Tuition Assistance Scholarship. All applications will be reviewed by the Friends of Ballet South Board of Directors. Limited funds are available each year for scholarships and recipients will be determined on a need basis. Applicants who are current students must also be in good standing at Brooke Desnoes Ballet Academy - meaning the student attends class regularly plus demonstrates good behavior and a desire to learn and participate. The scholarship level will be granted according to each financial situation and will cover 25%, 50%, 75% or 100% of the tuition.

Students will only need to apply for scholarships once per year. However, scholarships will be redeemed on a per semester basis and may be revoked before the second semester if the student is no longer in good standing with the school.

Parent's /Guardian's Name			
Parent's /	Guardian's Phone Numbe	r	
Family Ma	ailing Address		
Email Add	lress		
1 st Studeı	nt's Name		
Age	Birthdate	Class(es) Requested	
2 nd Stude	nt's Name		
Age	Birthdate	Class(es) Requested	
3 rd Stude	nt's Name		
	Birthdate		

Parent /Guardian Questionnaire

Please share with us why you are requesting this scholarship
Are you employed □ Yes □ No
If yes, where?
If married, is the spouse employed? □ Yes □No
If yes, where?
How many people are in your household?
Please estimate your current annual household income
Are you receiving or do you qualify for any governmental subsidy or financial assistance such as reduced lunch programs, social security, disability, etc?
If yes, please specify
Amount of tuition you offer to pay each month (if any)
Are you willing to volunteer your time and skills, if needed? ☐ Yes ☐ No
I certify that the information I provided in this application is truthful and accurate:
Signature: Date: