



Dance for Life Financial Aid Application Form

Student Name _____

Age _____ Level _____ Years at CCB _____

Parent or Guardian _____

Address _____

_____ Phone _____

How many children are in your family under financial support of the household? _____

Would you be forced to discontinue lessons completely if you do not receive financial assistance? Yes No

Mother or student's current work status: Full-time Part-time Unemployed

Place of Employment _____

Address _____

Phone _____

Position _____

Father or Spouse's current work status: Full-time Part-time Unemployed

Place of Employment _____

Address _____

Phone _____

Position _____

In the space below please describe your need for this scholarship:

Everything stated in this application is correct to the best of my knowledge and I agree to notify you of any changes within 30 days. I understand that Canyon Concert Ballet will retain this application whether or not it is approved. I authorize Canyon Concert Ballet to check and verify my employment history. I agree to answer any further questions about this application.

Student/Parent/Guardian _____ Date _____