

**CRESTED BUTTE SCHOOL OF DANCE
SCHOLARSHIP APPLICATION**

Please fill out all the information. If you plan to apply for more than one session you need to fill out this cover sheet each time, but you only need to fill out the financial information one time per year. You may attach additional sheets if necessary. Please see the CBSD website for deadlines.

Session applying for (you may check more than one, for example winter and company):

- Fall – all ages
- Winter/Spring (Pre-K – 5)
- Winter (6-adult)
- Spring (6-adult)
- Company (please list sessions) _____

Student name: _____

date of birth: _____ grade in school: _____

Address: _____

Email: _____

Best phone number at which to reach parent/s: _____

Parent's names and occupations: _____

Please list dance classes, length of class and cost for the session you are applying for:

Total cost: \$ _____

Amount of scholarship requested: \$ _____

What are your goals for dance: _____

Have you received scholarships from CBSD in the pasts? Please list: _____

In what other activities do you participate? _____

How many siblings do you have? _____ How many siblings are dancers? _____

How many siblings are attending college with financial support from your parents? _____

We ask the **primary household** of the applicant to please fill out the "Financial Statement"

Crested Butte School of Dance

Financial Statement

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1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$	Social Security Benefits (SSA) SSDI (Disability insurance – entitlement program) SSI (supplemental income – need based)	
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other -	
Total Monthly Income			\$
Miscellaneous Income			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income.		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Source of Income:		Expense Accounts	
Rental Net Income		Other -	
Child Support from Others		Other -	
Spousal Support from Others			
Total Monthly Miscellaneous Income			\$
Total Income			\$

2. Monthly Expenses

A. Housing			
1 st Mortgage	\$	2 nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other -	
Total Housing			\$
B. Utilities and Miscellaneous Housing Services			
	Cost Per Month		Cost Per Month
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)		Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Internet Provider, Cable & Satellite TV		Other -	
Total Utilities and Miscellaneous Housing Services			\$
C. Food & Supplies			
	Cost Per Month		Cost Per Month
Groceries & Supplies	\$	Dining Out	\$
Total Food & Supplies			\$
D. Health Care Costs (Co-pays, Premiums, etc.)			
	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs		Therapist	

Premiums (if not paid by employer)		Other -	
Total Health Care			\$

E. Children's Expenses and Activities *NOT INCLUDING DANCE EXPENSES*

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other -	
Total Children's Expenses and Activities			\$
Total Monthly Expenses (Totals from A – E)			\$

Do you have other expenses that should be considered in determining your financial need?

Do any other individuals or family members contribute to the students educational expenses? If yes, explain.

**FINANCIAL STATEMENT SUMMARY
(INCOME/EXPENSES)**

Total Income \$ _____
A

Total Monthly Deductions \$ _____
B

Total Monthly Net Income (A minus B) \$

Total Monthly Expenses \$

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses)	(+/-)	\$ _____
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The information I have provided above is accurate and current.

Signature (of parent or guardian)

Date: _____

STATEMENT OF CONFIDENTIALITY

In order for The Crested Butte School of Dance(CBSOD) to provide scholarships, it is necessary for the applicant (or applicant's family) to provide CBSOD with the confidential information requested above. CBSOD will use such information only for the benefit of, and in the best interests of, the applicant and for no other purpose. The information will be used by the CBSOD scholarship committee for the sole purpose of determining financial need related to the requested scholarship.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Crested Butte School of Dance admits students of any race, color, national and ethnic origin and sexual persuasion to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin or sexual persuasion in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.