

**Crested Butte School of Dance
Scholarship Application**

Please fill out all of the information. If you plan to apply for more than one session you will need to fill out this cover sheet each time, but you only need to fill out the financial information on time per year. You may attach additional sheets if necessary (tax returns are not required but strongly encouraged).

Session applying for:

- Winter/Spring (Pre-K - 5)
- Winter (6-Adult)
- Spring (6-Adult)

Student name: _____

Date of birth: _____ Grade in School: _____

Address: _____

Email: _____

Best phone number 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 the SOD in the past? 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" each student should fill out this cover sheet.

Scholarship recipients (parents &/or students) are required to complete at least 5 hours of volunteer time for the SOD.

SOD scholarships may be awarded for 3 consecutive years in a row then a 1 year break must be taken before applying for a scholarship award.

Crested Butte School of Dance Financial Statement

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

Gross Monthly Income from salary & wages, including commissions, bonuses, overtime, self-employment, business income, other jobs & monthly reimbursed expenses.	\$	
Unemployment & Veterans' Benefits		
Pension & Retirement Benefits		
Public Assistance (TANF)		
Social Security Benefits (SSA), SSDI (disability insurance- entitlement program), SSI (supplemental income- need based)		
Disability, Workers Compensation		
Interest & Dividends		
Total Monthly Income	\$	
Miscellaneous Income		
Royalties, Trusts & other Investments		
Dependent Children's monthly gross income. Source of income:		
Rental Net Income		
Child Support from others		
Spousal Support from others		
Contributions from others		
All other sources, i.e. personal injury settlement, non-reported income, etc		
Expense accounts		
Other-		
Other-		
Total Monthly Miscellaneous Income	\$	
Total Income		
2. Monthly Expenses		
A. Housing		
	Cost Per Month	
1st Mortgage		
Insurance (home/rental) & Property Taxes (not included in mortgage payment)		
Rent		
2nd Mortgage		
Condo/Homeowner's/Maintenance Fees		
Total Housing	\$	

B. Utilities and Miscellaneous Housing	
	Cost Per Month
Gas & Electricity	
Telephone (local, long distance, cellular)	
Internet Provider, Cable & Satellite TV	
Water, Sewer, Trash	
Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Other-	
Total Utilities and Miscellaneous Housing Services	\$
C. Food & Supplies	
	Cost Per Month
Groceries & Supplies	
Dining Out	
Total Food & Supplies	\$
D. Health Care Costs (Co-pays, Premiums, etc.)	
	Cost Per Month
Doctor & Vision Care	
Medicine & RX Drugs	
Dentist & Orthodontist	
Therapist	
Premiums (if not paid by employer)	
Other -	
Total Health Care	\$
E. Children's Expenses and Activities NOT INCLUDING DANCE EXPENSES	
	Cost per Month
Clothing & Shoes	
Extraordinary Expenses i.e. Special Needs, etc.	
Child Care	
Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunches, 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/Expense)

A) Total Income	\$	_____
B) Total Monthly Deductions	\$	_____
Total Monthly Net Income (A minus B)	\$	_____
Total Monthly Expenses	\$	_____
Net Excess or Shortfall (monthly net - monthly expenses) +/-	\$	_____

Tax returns from last fiscal year encouraged as an attachment.

I have read and understand the scholarship application & 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 (SOD) to provide scholarships, it is necessary for the applicant (or applicants family) to provide SOD with the confidential information requested above. SOD 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 SOD 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.