

Fraser Valley Academy of Dance

Scholarship Application

Applications must be received by **June 30, 2015** for September registration

Needs-based scholarships are available for boys and girls aged 5+ who show proficiency in ballet as determined by the Artistic Director. No previous experience is necessary, however some dance experience is normally expected for older student applicants. **The student's parent/guardian must be committed to having their child attend their weekly ballet classes, and must be unable to financially support their child attending a dance school without the benefit of scholarship.** An adjudicator who is familiar with the financial situation of applicant's family must confirm the family's personal situation. The adjudicator must be a professional in the community (teacher, principal, social worker, counselor, banker or lawyer).

A copy of your 2014 Tax Return or Notice of Assessment must be submitted with this application. For separated families where one parent provides child support, please also provide a Tax Return or statement of child support income from the contributing parent.

Student Details

Student Name: _____ Date of Birth: _____ Age: ____
School Name: _____ School Grade: ____ Ballet Level: _____

Parent / Guardian Details

Parent / Guardian Name: _____
Street Address _____
City _____ Prov ____ Postcode _____
Day Phone (____) _____ Evening Phone (____) _____
Cell (____) _____ Email _____

Parent / Guardian Declaration

By signing below, I confirm that the above information is correct. I acknowledge that in accepting any scholarship from FVAD, the above-named student will be required to abide by all policies, including dress code, etiquette, behaviour and attendance requirements of FVAD. Failure to do so may affect scholarship eligibility. The student will be committed to attending the school for the entire school year, September to June, and will be available for all required classes and performances. Older students should be available to assist with other classes and productions as needed. **Absences other than medical absences shall be kept to an absolute minimum.** Any and all items provided by FVAD remain the property of FVAD and shall be returned upon completion of or withdrawal from the scholarship program. Scholarships are annual. Recipients are welcome to re-apply each year.

I have enclosed a copy of my 2014 Tax Return or Notice of Assessment.

Signature of Parent / Guardian dd / mm / yyyy

Adjudicator Declaration

(To be filled in by the person referring the student for the scholarship who is aware of the financial situation of the applicant's family, such as their principal, teacher, social worker, counsellor, accountant, bank manager or lawyer)

Name: _____
Organization: _____
Position in Organization: _____
Address _____
City _____ Prov ____ Postcode _____
Day Phone (____) _____ Evening Phone (____) _____
Cell (____) _____ Email _____

By signing below, I confirm that I am referring the above-named student for an FVAD needs-based scholarship. I have read and understand the FVAD Scholarship Information above. To the best of my knowledge, the student meets the criteria required for this scholarship. I agree to participate in a brief telephone follow-up if required.

Signature dd / mm / yyyy

Eligible Candidates may be contacted for an interview during the Summer 2015

Questions? Call Mrs. Carolyne Carney at (604) 826-0097 or email info@fvad.ca

