FRASER VALLEY ACADEMY OF DANCE

Artistic Director John C. Carney

Pre-Professional Program - Application Form

Name of Applicant	Gender: M / F
Date of Birth (dd / mon / yyyy)	
Street address I	
Street address 2	
City	
Postal Code	
Country	
Name of Parents / Guardians	
Telephone (Home)	(include country code)
Telephone (Parent's Cell)	
E-mail Address	
Ballet Experience	Level or Years Trained:
	Classical Style: (i.e. RAD, Cecchetti, Vaganova)
Auditions must occur in person or by DVD	☐ I will contact the school to arrange for an audition in person.
(except for current FVAD students)	\square I am sending my audition DVD to the school.
(except for earreine time statemen)	☐ I am a current FVAD student - audition not required.
I wish to apply for a Financial Needs Scholarship	Financial Needs Scholarship may be available for low-income
	families. Scholarship applications will be forwarded to suitable
	candidates upon review of each application to the Pre-Professional
	Program.
	☐ Yes ☐ No
I wish to receive information about Home Stay programs	☐ Yes ☐ No
I wish to receive information about	☐ Yes ☐ No
International Student programs	
Have you participated in classes or productions	Please explain:
with teachers at the Fraser Valley Academy of Dance? (not required for FVAD Students)	
I agree with the Terms & Conditions of the	a. a.
Fraser Valley Academy of Dance Pre-	Yes D No
Professional Program and will abide by all	
school policies.	
Signature of Parent/Guardian (if unde	er 18 years old) Date (dd/mon/yyyy)

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