



SCHOLARSHIP APPLICATION

YOU WILL NOT BE REQUIRED TO PAY THE REGISTRATION FEE

THIS FORM MUST BE COMPLETED FOR **EACH STUDENT** PER FAMILY

Your application will not be processed without ONE of the following: A) Most recent year's Federal Income Tax form (first two pages); B) two recent paycheck stubs; C) Proof of child support and/or social security benefits **OR** if unemployed, a certified letter verifying unemployment status to Natalie Rogers-Cropper.

PLEASE COMPLETE FORM AND SEND **ALL** MATERIALS BY MAIL TO
GARTH FAGAN DANCE, ATTN: NATALIE ROGERS-CROPPER, 50 CHESTNUT STREET, ROCHESTER, NY 14604 OR
BY EMAIL TO NATALIE@GARTHFAGANDANCE.ORG WITH FALL 2021/SCHOLARSHIP APPLICATION AS THE
SUBJECT HEADLINE

CONTACT OUR OFFICE AT (585)454-3260 OR NATALIE@GARTHFAGANDANCE.ORG WITH QUESTIONS.

****INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED****

Date _____
Name of Applicant _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (*primary*) _____ Date of Birth: _____ Age: _____
Name of Parent/Guardian: (*if applicant is under 18*) _____
Relationship to Applicant _____
Occupation of Applicant/Parent or Guardian _____
Employer Name (leave blank if unemployed) _____
Phone: (work) if applicable _____
Marital Status: _____
Spouse Name: (*please indicate N/A if not applicable*) _____
Spouse Occupation: _____
Employer Name: _____ Phone: (*work*) _____

OVER →

Circle one: **Full time employment** **Part time employment** **Unemployed**

Indicate with a circle Number of People in your household and the closest number to your current income level per household (including public assistance, child support, parents/guardians income etc.):

Number of People in Household	Income
One	\$11,800
Two	\$16,000
Three	\$20,100
Four	\$24,300
Five	\$28,400
Six	\$32,600
Seven	\$36,700
Eight	\$40,900
	Over \$50,000

ASSISTANCE CRITERIA

(1) Attendance is mandatory.

All absences must be pre-approved with instructor before classes begin. Student must provide instructor with written excuse upon returning to class. Instructor then has final say as to legitimacy of excuse and resulting status of scholarship.

(2) One or more of the following student duties will be assigned to work study and/or scholarship students:

- a. Assisting in Field Trips
- b. Supervision of younger students at lunch time
- c. Assisting school administrator at events (i.e. Open Houses, Fringe, Home Season, etc.)
- d. GFD offices, Studio and Dressing Room maintenance
- e. Registration and sign-in
- f. Miscellaneous office duties

(3) If student has or has been exposed to any contagious virus or disease prior to or during the fall season, student will not be allowed to participate without written approval from a doctor that the virus/disease is no longer a threat.

I, _____ understand that by being a recipient or the parent/guardian of a recipient of a Garth Fagan Dance School Scholarship award, I agree to the terms described above. I also understand that I/my child will attend all of the classes designated for my/his/her age group on Tuesdays, Thursdays, and/or Saturdays at the designated hour, and that failure to attend for any reason enters the status of the assistance into the discretion of the instructor. I understand that the terms of the assistance, scholarship, and work-study are non-negotiable. Classroom progress, behavior, adaptability, and discipline will be taken into consideration to determine if the scholarship will be continued.

Name of Student (please print): _____

Signature of Student: _____ Date: _____

Signature of Parent/Guardian (if recipient is under 18): _____