



SCHOLARSHIP APPLICATION

Date of Application: _____

Name: _____

Address: _____

Phone: _____

(Home) _____ (Work) _____ (Cell) _____

E-Mail: _____

Members of your household and birth date:

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

How would a Montana Dance Works scholarship help or benefit your family?

PLEASE NOTE: The following financial information requested below is necessary for approval of scholarship assistance.

Family Yearly Income: * \$0 - \$12,000 _____ \$12,001 - \$20,000 _____ \$20,001 - \$30,000 _____

Please attach supporting documentation to verify your income by attaching your most recent personal tax return.

----- FOR OFFICE USE ONLY -----

Approved: _____ Denied: _____ Incomplete Application: _____

Type of Scholarship: _____ Scholarship Amount \$ _____

Recommended by: _____ Expiration Date: _____