



# SCHOLARSHIP APPLICATION

*It is a goal of Sparkplug Dance to facilitate concept-based dance education in the general public, regardless of a child's family income.*

## PLEASE READ CAREFULLY: APPLICATION GUIDELINES

1. TO APPLY: Mail this completed application to Sparkplug Dance at the address below:

Sparkplug Dance  
PO Box 10955  
Eugene OR 97440

2. SCHOLARSHIP AWARDS: Sparkplug awards partial scholarships for a limited number of class spaces. They will be awarded on a first-come, first-served basis to families who qualify by low income.

3. FAMILY RESPONSIBILITIES:

Pay the reduced registration fee of \$40. Attend class regularly.

Parent/guardian name (please print): \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street address City Zip

Phone(s): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Household monthly gross income: \$ \_\_\_\_\_ Number of people in household: \_\_\_\_\_

Please check any public assistance program from which you currently receive benefits:

Oregon Health Plan  Unemployment  
 Free or Reduced School Lunch Program  Food Stamps  
 Social Security Benefits  Other: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Last

Class title and time: \_\_\_\_\_

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that I may be asked for proof of income.

If my child receives a scholarship, I will pay the reduced registration fee of \$40 to reserve class space before the first day of class. I commit to bring my child to class regularly. If something prevents his/her regular attendance, I will call Sparkplug Dance to remove my child from the class roster for that term. I understand that if I fail to meet this commitment, my family will not be eligible for future Sparkplug Dance scholarships.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_