

Date of Application _____
Ballet Western Reserve
2009-2010 Scholarship Application

Father's Name _____ Home Phone _____

Address/City/State/Zip _____

Place of Employment _____ Bus. Phone _____

Address/City/State/Zip _____

Salary _____ Monthly Gross _____

Marital Status: Married Single Separated Widowed Divorced

Mother's Name _____ Home Phone _____

Address/City/State/Zip _____

Place of Employment _____ Bus. Phone _____

Address/City/State/Zip _____

Salary _____ Monthly Gross _____

Other Income Sources: (monthly) –Please state amount – verify by enclosing most recent 1040 form.

Child Support	\$ _____	S.S.I.	\$ _____
Alimony	\$ _____	A.D.C.	\$ _____
Unemployment Comp.	\$ _____	Social Security	\$ _____
Workmen's Comp.	\$ _____	Pension	\$ _____
Interest and/or Dividends	\$ _____	Salaries	\$ _____

Total Income \$ _____

Children:

Name Birthdate Age Grade School District Classes enrolled in at BWR

Students enrolled at Ballet Western Reserve

****Note: Unless a Company or Apprentice Member: Scholarships cover a maximum of two classes per child.**

Other children not enrolled at Ballet Western Reserve

Monthly Expenses:

Do you _____Rent _____Own

What type and year vehicle(s) do you drive? (1)Type_____Year_____
(2) Type_____Year_____

Mortgage Rent \$_____ Medical Insurance \$_____
Household Expenses \$_____ Other Insurance \$_____
Utilities \$_____ Medical Expenses \$_____
Food \$_____ Educational Exp. \$_____
Other \$_____ Charge Accounts \$_____
Car Insurance \$_____ Car Payments \$_____

Total Estimated Monthly Expenses \$_____

Net Income \$_____

Extra-curricular Activities:

Do you participate in any other extra-curricular activities? Please indicate.

Do you receive scholarship assistance for any other activities? Please indicate.

Activity_____Amount_____

Activity_____Amount_____

If there are extraordinary circumstances in your financial situation which you feel would be helpful to us in making a determination of an adjusted fee, please state here:

Certification

I declare that the information provided herein, to the best of my knowledge, is true, correct, and complete. I understand that all information will remain confidential.

Signature

Date

Return all forms to: Ballet Western Reserve, P.O. Box 1684, Youngstown, Ohio 44501-1684

Office Use only

Date form received_____

Disposition_____

Ballet Western Reserve **Scholarship Contract**

The Ballet Western Reserve expects its scholarship students and their parents to be an active part of this organization. Your time and assistance in the Ballet Western Reserve building and at performances is expected. The following is a list of requirements for all scholarship parents and students of an appropriate age.

1. Students must attend **80%** of all scheduled classes and rehearsals. If absences exceed 20%, a formal doctor's excuse must be submitted to the Ballet Western Reserve office upon the student's return.
2. Each student is required to sell a **minimum** of five ads for each performance program in which advertising is included. All ads and payments must be returned to the Ballet Western Reserve office on the scheduled due date.
3. Students and parents must be available to help with fundraising efforts. This includes, but is not limited to, assisting with mailings and telephone calls.
4. Students and parents must be available to help with boutique sales in the Ballet Western Reserve building and at performances.
5. Parents must be available for volunteer work at performances. This includes, but is not limited to, ushering, backstage work, set up, tear down, transportation of sets and costumes and publicity work.
6. Parents and students must be available to help with general school projects as needed.

Please sign below:

I have read the above and am willing to participate in all of the scholarship requirements listed. **I understand that failure to fulfill this contract may result in suspension of scholarship.** I understand that signature of this form does not guarantee a scholarship will be awarded by the Ballet Western Reserve.

Parent Signature _____ Date _____

Student Signature _____ Date _____

****Please keep the second copy of this form for your records and reference.**