

Dancewear Scholarship Application



Contact Information

Team Member Name:	
Guardian Name:	
Street Address:	
City ST ZIP Code:	
Home Phone:	
Guardian Phone:	
E-Mail Address:	
School and Team Name:	
Director/Coach Name:	

Nominated by:

Please check all that apply.

- Self Booster Club Representative
 Parent or Guardian Director/Coach

Please briefly explain need for assistance

Required Signatures:

_____ Date: _____
Director/Coach

_____ Date: _____
Parent/Guardian

_____ Date: _____
Applicant