



## LAYLA LYNN BOBER SCHOLARSHIP APPLICATION

Scholarships are awarded to students based on financial need, promise and availability. Recital tickets, costume fees, and other dancewear needed for class are to responsibility of parent(s).

### ELIGIBILITY

- Students must be 4 by September 1 2020.
- Students must have a good attendance record and show dedication.
- Those in need of financial assistance are strongly encouraged to apply.

### Please must submit the following:

- Completed application form
- Proof of household income for the parents and/or legal guardian of the student:
  1. Signed copy of Federal Income Tax form with W2's attached **or**
  2. SSI Notification Medical Record **or**
  3. TANF Notification
- Must adhere to the conditions of tuition and costume payments and/or Scholarship Agreement

**SCHOLARSHIP APPLICATION FORM**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: Male Female

Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I/We attest that all information on this form and all the supplementary documents provided (proof of residency, household income, etc.) are accurate.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Income Verification: (check one)

IRS Tax Return       SSI Notification Medical Record       TANF Notification

Residency Verification: (check one)

Medical record       School record

Household Income: \$ \_\_\_\_\_

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FOR OFFICE USE ONLY

Scholarship Awarded:

Dollar Value: \$ \_\_\_\_\_ Percentage: \_\_\_\_\_

Term:  Fall  Spring       Summer       Annual

Decision Date: \_\_\_\_\_

Signature \_\_\_\_\_

Additional comments: \_\_\_\_\_

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**Student Profile**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Student email: \_\_\_\_\_ Parent email: \_\_\_\_\_

**Dance Background**

1. How long and what styles of dance have you studied?

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2. What performance experience have you had?

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3. Have you received tuition scholarships in the past? How much? How long?

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Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent's Statement**

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's email: \_\_\_\_\_

1. Do you receive governmental aid? Yes No

2. What is your total annual income? Briefly list all sources of income from

your household: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Where are you employed? \_\_\_\_\_

4. Are you a single parent? Yes No

5. Briefly describe your reason for needing a scholarship for your child:

\_\_\_\_\_

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\_\_\_\_\_

7. Has your child received tuition scholarships in the past? If so, kindly describe

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Layla Lynn Bober*  
MEMORIAL  FOUNDATION  
#WeSeeYouLaylaGirl