

Kinetic Arts Foundation Scholarship Application



Applicant Information

Applicant

Last name:

First Name:

Birthday:

Mobile Phone:

Home Phone:

Work Phone:

Mailing Address:

City:

State

Zip:

E-mail address (Please understand that most communications are sent through email):

Guardian Information (if applicant is under 18 years of age)

Head of Household

Last name:

First Name:

Birthday:

Mobile Phone:

Home Phone:

Work Phone:

Mailing Address:

City:

State

Zip:

E-mail address (Please understand that most communications are sent through email):

Please Initial: _____

Scholarship Requirements

1. Fill out the 1st page of this application completely.
2. Check one of the following, detailing individual or family income. (For statistical purposes)
 - a. Less than \$80,000/annual.....
 - b. More than \$80,000/annual.....
3. Attach a statement detailing previous performing arts experience and future performing arts goals.
4. Attach a letter of recommendation from a local performing arts instructor.
5. Attach a syllabus and fee schedule from a qualified local performing arts school.
6. What percentage of tuition can applicant afford to pay? Check one:
 - a. 75% to 100%.....
 - b. 50% to 75%
 - c. 25% to 75%
 - d. 0% to 25%

Please Read, Sign and Date Below

I agree that I will not make any claims against Kinetic Arts Foundation or any of its representatives for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

I acknowledge that photos and video may be taken while participating in events presented by Kinetic Arts Foundation for use in promotional material.

The undersigned also acknowledges that they are aware that current copies of the policies are available to them at any time in the office. Participation in any events presented by Kinetic Arts Foundation implies understanding, agreement and consent to all applicable policies.

The undersigned understands that scholarships are awarded on a case-by-case basis, dependant on several factors.

Please Print Your Name:

Last: _____ First: _____ Middle Initial: _____

Applicants' signature:

Date:

_____ / /

Guardian' signature(if applicant is under 18 years of age:

Date:

_____ / /

For Internal Use Only:

Qualified Educator: _____ Board Member: _____

Executive Director: _____