

MIRACLE DANCER SCHOLARSHIP FOUNDATION
Application for Assistance

****Consideration for scholarships is based on income and/or special circumstances.

Tell Us About Your Child

Name _____

Address _____

Phone Number _____

Date of Birth _____

Special Need _____

Tell Us About Your Family

Please list members of your household, including yourself:

Full Name

Date of Birth

Full Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Tell Us About Your Income

List all income for the entire family before taxes. Please attach proof of that income.

My family earns \$ _____ before taxes every
Circle One: (Year) (Month) (Week)

Statement of Truth

The facts set forth in this application are true and complete to the best of my knowledge. I understand and accept the fact that a false or incomplete statement on this application will be cause for rejecting my application or denying/canceling scholarship awards.

Parent/Guardian Signature and Date

Sliding Fee Disclosure

The income guidelines change annually. Re-evaluation for sliding fee is required if there is a change in your income status during the year. You are required to have your application updated annually, even if your income has remained the same or your fee will revert back to 100%.

Your next review date will be _____(11 months from today).

Summary

Mr./Mrs./Ms. _____ total yearly, monthly, or weekly income is \$ _____, the family size is _____, an therefore is responsible for _____% of the monthly fee for The Miracle Dancers monthly tuition and fees effective _____.

I understand the policy regarding services provided under the sliding fee scale, which has been discussed with me. I agree to pay for my portion of the Miracle Dancers monthly tuition and fees.

Parent/Guardian Signature and Date

Special Circumstances Application

If you have special circumstances, you might be entitled to scholarship assistance. Please explain your circumstances below:
