



## Scholarship Application 2015-16

Please return to Moving in the Spirit

Attn: Jessica Scudder

Mail: PO Box 17628 Atlanta, GA 30316

Delivery: 750 Glenwood Avenue Atlanta, GA

Fax: (404) 624-5299

Moving in the Spirit strives to provide dance instruction and leadership opportunities to all interested students, regardless of economic means. Scholarships are available for students based on financial need. **Scholarship Applications are accepted until 1: 00 pm September 18, 2015. Applications received after September 18th will NOT be considered for a scholarship award. NO EXCEPTIONS.** Families will be notified via email when their application has been received. If you do not receive an email notification within 5 business days of submission, please contact the **Program Associate, Jessica Scudder at (404) 624-5295 ext. 246** to confirm receipt. Failure to receive notification will NOT guarantee you an extension of the application deadline. We encourage you to submit your applications as soon as possible and that you do not wait until the deadline to apply. Scholarships are limited.

Only one Scholarship Application is needed per household, but each dancer participating in Moving in the Spirit's programs must complete a Student Registration Form. **ALL participants (INCLUDING scholarship applicants) must pay FULL tuition for the first month of classes. Families must make payment arrangements for September classes.** Scholarships are processed and families are notified of their scholarship award in writing during the first week of October. Please contact our Program Associate, Jessica Scudder with questions.

Please complete and submit all items included in the Scholarship Application Packet. **Incomplete scholarship application packets will be returned WITHOUT consideration for scholarship and must be resubmitted for consideration.** Applications will be considered INCOMPLETE if September tuition is unpaid at the time Scholarship Application Packet is submitted. Approved applications will be determined on a first come, first served basis.

### Scholarship Application Packet must include:

1. **A completed Scholarship Application.** All lines must be filled in. If an item does not apply, please write "NA" on the line. Failure to do so will result in an incomplete application and will be returned to you.
2. **Income Verification** Copy of two (2) pay stubs **OR** Copy of last year's tax return (form 1040 or W-2) **OR** letter from your employer verifying your current salary **OR** Copy of Social Security/Disability checks/award letters. Failure to provide this information will result in an incomplete application and will be returned to you.  
**NOTE: Information in this section will be kept confidential.**
3. **Letter** stating your reasons for needing a Moving in the Spirit need-based scholarship (addressed as "Dear Moving in the Spirit"). **Must be detailed and descriptive.**

### **4. Once chosen, the Parents/Guardians and students must agree to the following:**

- a. Parents/Guardians must attend all bimonthly Parent Association meetings. Meetings occur in September, November, January, March, and April.
- b. If the student misses 3 consecutive classes, he/she forfeits scholarship.
- c. Parents/Guardians must be active participants in the Moving in the Spirit Parent Association. Activities may include:
  - 1) Volunteer to be the Moving in the Spirit class parent for your student's class
  - 2) Be a spokesperson for Moving in the Spirit at public events and meetings
  - 3) Clean The Beam dance space once a month (bathrooms, break rooms, etc)
  - 4) Help with sending mailings
  - 5) Participation in Moving in the Spirit fundraising activities
  - 6) Parents/Guardians & students each must write a thank you letter to our scholarship funders by November 2014. Students ages 3 to 7 should draw a picture in lieu of writing a letter.

Please indicate at least 3 activity preferences. We will make every effort to assign you to at least one of your preferred activities. Preferences: \_\_\_\_\_

**NOTE: A record of Parents/Guardians participation will be maintained. Failure to participate in activities described above may result in loss of current and future scholarship awards.**

Dancer's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Class: \_\_\_\_\_

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**Mother's Name (or Female Guardian):** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Salary\$ \_\_\_\_\_ Per \_\_\_\_\_ (week, month, year)

**Father's Name (or Male Guardian):** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Salary\$ \_\_\_\_\_ Per \_\_\_\_\_ (week, month, year)

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

Please list all other income sources (rental income, child support, Social Security, etc) below:

Other Income\$ \_\_\_\_\_ Per \_\_\_\_\_ (week, month, year) Source: \_\_\_\_\_

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Other Income\$ \_\_\_\_\_ Per \_\_\_\_\_ (week, month, year) Source: \_\_\_\_\_

Are you currently receiving public assistance?  No  Yes

Please indicate what type of assistance you receive \_\_\_\_\_

Are you receiving free or reduced lunch?  No  Yes

Which type? (circle one) free / reduced For how many years? \_\_\_\_\_

Number of people living in your household, including the student: \_\_\_\_\_

Are you or your spouse/partner a full/part time Student? Yes No  
Name of school \_\_\_\_\_ #of hours per week \_\_\_\_\_

I have included all of the following in my Scholarship Application.

- A COMPLETED Scholarship Application
- Income Verification** Copy of two (2) most recent pay stubs (4 pay stubs if paid weekly); OR Copy of last year's tax return and W2s; OR 2 months checks or award letters for SSI or any other form of income
- Letter** stating your reasons for a Moving in the Spirit need-based scholarship (addressed as "Dear Moving in the Spirit"). **Detailed and descriptive.**

I understand that I am completing an application for consideration of a scholarship at Moving in the Spirit. The application will be reviewed, and I will be contacted regarding my family's scholarship award. By signing this application, I am stating my desire to receive a scholarship through Moving in the Spirit. **I understand that Moving in the Spirit can reject my application without explanation.** I confirm that the information provided in this application is accurate to the best of my knowledge.

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

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**THIS SECTION TO BE COMPLETED BY MOVING IN THE SPIRIT**

Date Original Application Packet was received: \_\_\_\_\_ Scholarship Application # \_\_\_\_\_

Was Packet and Information complete? No Yes

Date Application Packet was returned (if applicable): \_\_\_\_\_

Reason Packet was returned: \_\_\_\_\_

Date Returned Application Packet was resubmitted: \_\_\_\_\_

NOTES: \_\_\_\_\_

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Application score: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY MOVING IN THE SPIRIT

**SCHOLARSHIP AWARDS**

**Dancer's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Assigned Class: \_\_\_\_\_ Class Day \_\_\_\_\_ Class Time \_\_\_\_\_

Scholarship award (circle one) Full/Partial Amount Awarded/Per Month: \$ \_\_\_\_\_

Total Annual Award: \$ \_\_\_\_\_

Date Award notification sent to Parent/Guardian: \_\_\_\_\_

Method of notification (email, phone, letter, etc.): \_\_\_\_\_

**Dancer's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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Total Annual Award: \$ \_\_\_\_\_

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Method of notification (email, phone, letter, etc.): \_\_\_\_\_

**Annual Income: \$** \_\_\_\_\_