



# *Tyler Siegel CDT Scholarship*

2024 Season Scholarship Application



Applicant First & Last Name:

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Age (min. 5yr. old, max 18yr. old):

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Birthdate:

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Parent First & Last Name:

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Parent Phone Number:

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Parent Email:

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Are you currently take 2 hours  
of dance per week?

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Do you currently take Ballet Class?

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Studio Name:

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Studio Phone Number:

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Have you reviewed the CDT

Membership Packet on our website? \_\_\_\_\_

Are you able to fully commit to CDT  
for the entire 2024 Season  
**based on membership guidelines** \_\_\_\_\_

\*Please include required essay with application submittal\*