



Tyler Siegel CDT Scholarship Application 2026

Applicant First & Last Name:

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

Birthdate:

Parent First & Last Name:

Parent Phone Number:

Parent Email:

*Are you currently taking 2 hours
of dance class per week?*

Do you currently take Ballet Class?

Studio Name:

Studio Phone Number:

*Have you reviewed the CDT
Membership Packet on our website?*

*Are you able to fully commit to CDT
for the entire 2026 season
based on membership guidelines?*

Submit completed application & required essay to cdtofracy@gmail.com