



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 cdtoftracy@gmail.com