



THE DANCE DAD MAFIA, INC.
SCHOLARSHIP APPLICATION
 EMPOWERING DANCERS, CHANGING LIVES

Application # _____

Application Year: _____

Due Date is May 31 of application year.

Application submission does not guarantee receipt of funds.

Recipient

Name: _____ Age: _____

Address: _____

Relationship to Applicant: _____

Applicant

Name: _____

Address: _____

Contact info: Phone number: _____

Email: _____

Monthly income: _____

Number of dependents: _____

Financial hardship: _____

By signing below, you acknowledge that the above financial and personal information is correct. Additional information may be requested for review. Any false/incorrect information automatically disqualifies application.

Applicant Signature: _____

Date: _____

**** By signing below, you agree to names, photos, and other information for application and funds receiving purposes, not including financials, to be shared on our website, social media, and promotional materials. This is not a requirement for acceptance.**

Applicant Signature: _____

Date: _____

Studio Information

Studio name:

Contact:

Level/Style of dance:

of dances student currently enrolled in:

2023/2024 Dance Year Outstanding balance:

By signing this application, you confirm the requested studio information and agree to review applicants account and provide account print out upon request from The Dance Dad Mafia, Inc.

Studio Owner Acknowledgement: _____

Date: _____

Scholarship Notification to applicant and dance studio is during first full week of July of award year. Funds, not to exceed \$500.00, to be distributed the second full week of August of the award year.

Internal Use:

Scholarship Decision Yes _____ NO _____

If YES, Scholarship Amount Awarded: _____

Review Notes:
