

2025 50 State Scholarship Application Form

ABC June 3rd - June 6th 2026

This is a fillable form – please type in all information
One form per contestant entry.

REGISTRATION DEADLINE – March 1st, 2026

E-mail Completed Forms to:
americanballetcompetition@gmail.com

COMPETITOR INFORMATION – PLEASE TYPE or WRITE IN

Participant Name: _____ Age (As of 5/29/25): _____ Birthdate: _____ Gender: _____
School: _____ Director: _____
Teacher/Coach: _____ School E-Mail: _____
School Address: _____ City: _____ State: _____ Zip: _____ Country: _____



DIVISION I (Ages 9-11)

*Classical Ballet Variation (age 9 one solo only) _____ (Ages 10 & 11 second solo if elected) _____

*Contemporary Solo (Ages 10 & 11 one solo only) _____ Choreographer _____



DIVISION II (Ages 12-15)



DIVISION III (Ages 16-20)

*Classical Ballet Variation – Black Leotard _____

*Classical Ballet Variation – Costume _____

Add'l Classical Variation (if elected, performed 2nd) _____

*Contemporary Solo (performed 1st) _____ Choreographer _____

Add'l Contemporary Solo (if elected, performed 2nd) _____ Choreographer _____

IMPORTANT CONTACT INFORMATION

Parent's Name: _____ E-Mail: _____ Mobile: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

*Included in Entry Fees

FEES: Enter division and add any elective solos

Division I	- \$250	\$ ___XXX___
Division II	- \$315	\$ ___XXX___
Division III	- \$315	\$ ___XXX___

Additional Ballet Solo	- \$90	\$ ___XXX___
Add'l Contemporary Solo	- \$90 (if in ballet)	\$ ___XXX___
Add'l Contemporary Solo	- \$90	\$ ___XXX___
Contemporary Solo Only	- \$315 (not in ballet)	\$ ___XXX___

3-Day All Events/Audit Pass \$65 x # ___XXX___ = \$ ___XXX___

\$25 discount if registered by March 1st \$ ___XXX___

Indicate Payment Method: _____ TOTAL \$ ___XXX___

(Check, Money Order, Western Union, Credit Card)

CC# ___XXX___ Exp ___XXX___ CVP XXX ___ Zip Code ___XXX___

Competition Tickets may be purchased at check-in or theater door.
\$8/day or \$20/3 day pass – children 12 and younger \$3/day.
Contestants receive one 3-day complimentary pass for competitions.

3-DAY CLASS AUDIT PASS

One complimentary Class Audit Pass for
Director or Teacher
Representing participating school

Teachers & Parents of competitors
who wish to observe all master classes - \$65

Outside dance teachers who wish to audit
ABC Master Classes and view all competition events
may purchase 3-Day Audit Passes at check-in times
or e-mail this form to: abcmason@gmail.com

Names for Audit Pass: _____

Director: _____

Other: _____

Other: _____

I verify that my dancer resides and trains in the state listed above, and I have included a letter of recommendation from my ballet teacher.

Signature of Parent, School Director or Competitor 18 or over