

# 2024 50 State Scholarship Application Form

**ABC May 29th - June 1st 2024**

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

**REGISTRATION DEADLINE – March 1st, 2024**

E-mail Completed Forms to:  
[americanballetcompetition@gmail.com](mailto:americanballetcompetition@gmail.com)  
PO Box 7 Bountiful, UT 84011-0007 USA

## COMPETITOR INFORMATION – PLEASE TYPE or WRITE IN

Participant Name: \_\_\_\_\_ Age (As of 5/29/24): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
School: \_\_\_\_\_ Director: \_\_\_\_\_  
Teacher/Coach: \_\_\_\_\_ School E-Mail: \_\_\_\_\_  
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 2<sup>nd</sup>) \_\_\_\_\_

\*Contemporary Solo (performed 1<sup>st</sup>) \_\_\_\_\_ Choreographer \_\_\_\_\_

Add'l Contemporary Solo (if elected, performed 2<sup>nd</sup>) \_\_\_\_\_ Choreographer \_\_\_\_\_

\*Included in Entry Fees

## IMPORTANT CONTACT INFORMATION

Parent's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### **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 1<sup>st</sup> \$ \_\_\_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](mailto: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**