



Scholarship Application

AMP's Scholarship Program provides dance scholarships to students with financial and/or medical hardships. Scholarship recipients may take dance classes at Santa Barbara Arts and Dance Arts Carpinteria

Student Name	Age	DOB	School

Address: _____ City: _____

Zip Code: _____ Phone #: _____ E-Mail: _____

Parent/Guardian: _____ Work#: _____ Cell#: _____

Total number of persons in your household (children and adults): _____

Last Year's Total Household Income (Per tax return): _____

Previous Year's Total Household Income (Per tax return): _____

Employer(s) and phone numbers _____

Parent/Guardian #1 Social Security #: _____ #2 Social Security #: _____

If student is a recipient of other scholarships/grants/programs, please list/describe: _____

Student's significant dance experience/ interest: _____

Please list any in-kind service or donation your family can provide: _____

Student statement: How do you hope dance will impact you and your life? _____

References:	Name	Phone #	Address
1.	_____	_____	_____
2.	_____	_____	_____

Student Signature: _____ Parent Signature: _____ Date: _____

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