



ATHLETIC GARAGE DANCE CENTER ADULT SCHOLARSHIP PROGRAM

MISSION: It is our mission to train the dancer, former dancer, and aspiring dancer in many forms of dance styles and techniques; to encourage freedom of expression; to enable performance skills, to foster a community of dancers where each will nurture and inspire the other; to strengthen the body; and to grow the dancer: mind, body and spirit in a non-intimidating and non-judgmental environment.

REQUIREMENTS FOR AUDITION: You must be at least 18 years old to participate. This will be a rigorous 6 month program, you must be physically fit and healthy in order to participate. You cannot be committed to any other scholarship programs or performances/booked jobs during the AG Dance Scholarship Program.

WHY WE DO IT: The Athletic Garage wants to see our students develop and realize their potential and assist in the development of good health habits, which will improve quality of life. We want to create an ambassadorship where the scholarship students assist the studio in many ways which can improve the studio.

EXPECTATIONS: Dance and Service Requirements.

Dance Classes: Ballet, Contemporary, Jazz, Jazz Funk, Technique, Hip Hop, Salsa. Mandatory classes may change based on evaluations.

Service: Cleaning, event work related to Athletic Garage Dance Center, & other misc. services.

SCHOLARSHIP AGREEMENT: This is a commitment to the Athletic Garage Dance Center to perform according to expectations. This is a 6 month agreement.

EVALUATIONS: Evaluations will be given by the Scholarship Director or Assistant Director based on observations and comments of class instructors and the Scholarship Director.

INVITATION TO CONTINUE: This is a 6 month scholarship program starting October through April. The Scholarship Director may invite a scholarship student to return for an extended period based upon the overall performance and dedication of the student.

STUDENT INFORMATION

Name: _____ Birthday: _____

Street Address: _____

City: _____ Zip Code: _____

E-Mail: _____

Home Phone#: _____ Cell #: _____

US Citizen: Yes / No

If not, are you a legal resident? Yes / No

Visa/Green Card? Yes / No

If yes please provide expiration date: _____

Are you seeking scholarship due to financial hardship? Yes / No

Current Student? Yes / No

If yes, school name: _____

Major: _____ Part Time / Full Time

Are you currently employed? Yes / No

If yes name of employment: _____

Position title: _____ Part Time / Full Time

Do you have a form or transportation? Yes / No

If answered no, please explain how you will commute for the scholarship program:

Scholarship classes will most likely (official schedule pending) be held during the following schedule (not including service hours for cleaning and event work):

Scholarship Period: 10/2/17 – 4/8/18

Monday: 6pm – 9:30pm

Tuesday: 5pm – 9:30pm

Wednesday: 6pm – 9:30pm

Thursday: 6pm – 9:30pm

Saturday: 9:30am – 1:30pm

Scholarship Orientation: 9/21/17 @ 2-4:30pm

AG Scholarship Graduation/Fundraising Show: 4/7 – 4/8/18

Please list any dates & times you are NOT available (anything not listed in this box we will expect that you are avail. on the dates mentioned above):

TELL US ABOUT YOUR HEALTH

Have you ever been advised by a physician not to exercise? Yes No

Do you have or have you ever had a history of:

Heart problems or chest pains Yes No

High blood pressure Yes No

Asthma or breathing difficulties	Yes	No
Knee problems	Yes	No
Knee or Hip surgery	Yes	No
Neck or back problems	Yes	No
Neck or back surgery	Yes	No
Muscle or joint problems	Yes	No
Hernia	Yes	No
Do you smoke cigarettes?	Yes	No

If you answered yes to any of the above questions, please explain in detail:

Please list any special skills that you may have, including sales, marketing, clerical, computer, creative, etc.

TELL US ABOUT YOUR DANCING

Tell us about your dance background (How you started, your training, how many years, where? etc.)

Are you currently taking dance instruction at another studio and or are you currently part of a dance company or scholarship program? If yes, where?

Why are you interested in our scholarship program and what do you hope to gain? Please include specific goals:

What are your plans for the future? Include your goals:

List five adjectives that describe who you are (not physically):

I, _____, certify that I am in sound physical health and therefore able to participate in the Athletic Garage Scholarship Program. Furthermore, if accepted I agree to fulfill all my requirements as outlined by the Scholarship Director in order to maintain my scholarship. If I do not fulfill my dance and service requirements, I understand that my scholarship will be withdrawn without notice.

Scholarship Applicant Signature

Date