



DANCE UMBRELLA
SOUTH COAST OREGON

Summer Dance Camp *Merit* Scholarship Application
For CLASSICAL TECHNIQUE BASED EXPERIENCES

Please type or complete in ink.

Post Marked by **April 1, 2014**. Return to:

Dance Umbrella for South Coast Oregon(DUSCO)
P.O. Box 1171
Coos Bay, OR 97420

Name _____ Age _____

Address _____ Phone _____

Prior Dance Training:

School _____ Years of Study _____

Types of Dance Studied _____

Special Dance Performances/Experiences/acknowledgements:

Past Summer Camps/Intensives Attended:

Referring and Current Instructors Contact Information:

Name: _____

Address: _____

Telephone: _____

**Briefly write a paragraph stating why you wish to study dance at a specific camp.
(attach paper)**

Submit the Following photos of yourself:

1. *Tendu a la seconde*
2. *Arabesque en l'air*

Would you be available for an audition? (to be held at the direction of the Artistic Director) YES _____ NO _____

*** Please submit information regarding the camp you plan to attend OR attach a camp brochure. The following details are needed: name of camp, address, dates, phone number, cost and contact name.**

Amount of Tuition Requested: _____

Parents Please Read and Approve with signature

******NOTES:**

Decisions regarding scholarships are subject to moneys available which can vary year to year based on fund raising success.

Once a scholarship is granted it must be used for the designated camp per the application or paid back to DUSCO in full.

Decisions are made solely by the scholarship committee and they are final.

This years decisions will by made by: **April 26, 2014**

I understand that my child is applying for funds from Dance Umbrella for South Coast Oregon (a non-profit) to be utilized for the aforementioned Summer Dance Camp. All of the above information is complete and accurate to the best of my knowledge.

Signature: _____ Date _____

Your Name: _____

Please fill in the information below for the institution/school you will be attending for Summer Intensive.

School/Program to Attend: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

DUE DATE FOR TUITION : _____

—

