



Please read before completing scholarship application.

DanzArts chooses a limited number of dancers every quarter for scholarships. Scholarships are for families in need of financial assistance and last for three consecutive months. Please note that funds are limited and must be spread among many. You will receive notice of our decision once your application has been reviewed.

Scholarships are given as a **Trade for Services**. If awarded, you will be trading your volunteer hours for the cost of the monthly tuition. These hours may consist of many different duties, (e.g., studio cleaning, event set up and/or tear down, transportation of equipment, committee member, event organizer, etc.). DanzArts depends solely on our volunteers and if chosen for scholarship, you will be expected to follow through with your commitment. Should you not follow through with the agreed number of volunteer hours, you will forfeit the scholarship and need to pay monthly fees in full. Once the Board has reached a decision, the recipient(s) will be notified. The chosen recipient(s) will be required to sign a contract acknowledging the agreement between the recipient(s) and DanzArts.

Thank you for your interest in DanzArts' Quarterly Scholarship Program. If any questions arise before you are notified of the decision, please don't hesitate to reach out by email to: DanzArts.treasurer@yahoo.com



Dorothea Laub Dance Place
2650 Truxtun Road, Studio 201
San Diego, CA 92106



SCHOLARSHIP APPLICATION

Applicant's Full Name: _____ Date of Birth: _____

Parent/Guardian Full Name (if applicable): _____

Address, City & Zip: _____

Phone Number: _____ Is this number able to receive texts: Y or N

Applicant's/Parent's/Guardian's Email: _____

Class(es) of Interest: _____

Please give a brief explanation of why you would like to receive a scholarship:

As a dancer/parent/guardian applying for a scholarship, I am aware that a certain amount of service hours will be required of me. I also understand that this scholarship applies to one dancer, not an entire family, who may attend one class per week.

Print Name Signature Date

Board Use Only Below Line:

Approved: Y N Notified Applicant of Decision: Y N

Scholarship: Part Full

Contract Signed: Y N

Months Scholarship is Valid: _____ Required # of Service Hrs. _____



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