



Scholarship Application

The goal of the Arts Mentorship Program is to ensure that qualified students who may not otherwise be able to participate in classes offered at Santa Barbara Dance Arts.

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 Number: _____ #2 Social Security Number: _____

Is your student a recipient of any other scholarships/grants/or programs? If so, please list/describe

Student's Significant Art/Dance Experience/ Interest:

Please list any In-Kind Service or Donation your family can provide:

Statement by STUDENT regarding expected impact of experience at Santa Barbara Dance Arts

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

Signed: _____
Student Parent Date