

# RELEVÉ STARS SCHOLARSHIP

## APPLICATION FORM



### STUDIO INFORMATION

Studio Name:

Director Name:

Studio Address:

Street:

City:  State:  Zip Code:

Website:

Phone #:  Email:

### SCHOLARSHIP REQUEST

Competition Name:

Competition Date:  Location:

Grant Request Amount:  Ages Targeted:

Have you applied previously with Relevé Stars?  Yes  No

If yes, when?

### PRIMARY CONTACT INFORMATION

Name:

Title:

Phone #:  Email:

### PROPOSAL SUMMARY

Please provide a summary of why you are requesting the scholarship, the desired outcomes, and how the funds will be used.

## DANCERS LIST

Please list the dancers who will benefit from the scholarship:

Dancers Name	Birthday	Hours of Dance Per Week	Background/Physical Disability

## SUBMISSION INSTRUCTIONS

Please submit this application with all required information to:

Email: [relevehello@gmail.com](mailto:relevehello@gmail.com)

Subject Line: Scholarship Application (Your Studio Name)

To: Lori Heaton

## ACKNOWLEDGEMENT

By submitting this application, I confirm that the information provided is true and accurate to the best of my knowledge. I understand that applications are reviewed annually, and I will be notified regarding the status of my application within five to ten business days of submission.

Signature:

Date:

THANK YOU FOR YOUR SUBMISSION