



The CENTRAL PENNSYLVANIA DANCE WORKSHOP

101 SOUTH FRASER STREET, STATE COLLEGE, PA 16801

(814) 237-2666

JILL A. BRIGHTON, DIRECTOR

www.cpdu.org

SCHOLARSHIP AUDITION

TODAY'S DATE _____

DANCER'S NAME

AGE/DATE OF BIRTH

ADDRESS

PHONE

EMAIL

PARENT'S NAMES

PREVIOUS TRAINING (if applicable)

CLASS (circle one): PRE BALLE

BEGINNING BALLE

INTERMEDIATE BALLE

ADVANCED BALLE

PLEASE CHECK:

_____ I would accept a partial scholarship

_____ I am able to help with school activities throughout the semester

DECLARATION OF FINANCIAL NEED

I understand that scholarships are awarded on the basis of financial need and talent. Without scholarship assistance there would be a serious financial burden on the family budget, therefore my child might be unable to participate in dance classes.

Parent's Signature