

STUDIO



Dance Theater

PO Box 121, Altaville, CA 95221 - (209) 728-5347
studio.4.dance@hotmail.com - www.studio4dancetheater.com

Studio 4 Dance Theater Scholarship Application

Name: (first, middle initial, last) _____

Age: _____ Date of birth: _____ (month/ day/ year)

Street address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____

Email (parent): _____

Email (dancer): _____

Summer intensive workshop/course: _____

Total cost of summer intensive workshop/course: _____

Middle School/High School attending/attended: _____

Graduation year: _____ Current GPA _____

Principal dance/acting training in: _____ Years of study _____

Name of schools and teachers _____

Secondary dance/acting training in: _____ Years of study _____

Name of schools and teachers: _____

Performance experience (attach additional sheet(s) as needed)

Two references (from non-family members)

Each reference will need to write a letter of recommendation for you.

Name: _____ Phone _____

Street address: _____

City, State, Zip: _____

Name: _____ Phone _____

Street address: _____

City, State, Zip: _____

Additional references (optional).

Name: _____ Phone _____

Street address: _____

City, State, Zip: _____

Name: _____ Phone _____

Street address: _____

City, State, Zip: _____

