

Love Revolution SCHOLARSHIP APPLICATION

ALL scholarship applicants must complete page 1.

If you are interested in a special opportunity with additional requirements, continue to page 2. All completed pages are due at registration on February 9th, 2024.

Parent or Guardian's Name: _____

Phone _____ E-mail _____

There are automatic scholarships for children from the same family.
(2 children: \$250 total; 3 children: \$375 total)

Name of all participants being paid for by Parent or Guardian:

1. _____ Grade _____ School _____

2. _____ Grade _____ School _____

3. _____ Grade _____ School _____

4. _____ Grade _____ School _____

Annual COMBINED HOUSEHOLD income:

\$20,000 and below

\$21,000-\$35,000

\$36,000-\$50,000

\$51,000-\$75,000

\$76,000-\$100,000

\$100,000 and above

Do you currently pay for dance classes for your child?

Yes

No

Full scholarships are very limited. Can your child participate in *The Love Revolution* if your tuition is (check all that apply):

\$125

\$100

\$75

\$50

\$25

Please explain why scholarship is needed. BE SPECIFIC – this section is important:

I certify that the above financial information is correct.

Parent / Guardian Signature

Byrde's Dancers

SCHOLARSHIP FUND

In 2017, Susan & Richard Lipsey established the Byrde's Dancers Scholarship Fund in memory of Susan's mother who loved to dance. This fund offers a special scholarship to a limited number of families that covers all costs associated with *The Love Revolution*. It also assists in paying for additional theatre and operational costs to Of Moving Colors. Additional requirements for this program include providing proof of household income, community service hours for the participating children, and attending the Byrde's Scholarship Luncheon.

BYRDE'S SCHOLARSHIP RECIPIENTS RECEIVE:

- A full tuition scholarship (which covers classes, costume and t-shirt)
- A photography package including a picture of their child and a cast photo
 - A production Flashdrive

TO APPLY TO THE BYRDE'S DANCERS SCHOLARSHIP FUND, PLEASE COMPLETE THE FOLLOWING:

Parent/Guardian Employer _____

Phone _____

Employer #2 (if applicable) _____

Phone _____

In the space below, please describe your child as a student.

Please have your child tell us why he/she wants to participate in *Kick It Out*.

(Either have them write below or transcribe in their words)

PROOF OF HOUSEHOLD INCOME REQUIRED

Acceptable forms include a SNAP benefit verification letter, your most recent tax return, a W2, an SSI benefit verification letter, one month of recent paychecks for all adult members of the family, an official letter from your employer, pension documentation, or retirement documentation.

ALL SCHOLARSHIP APPLICATION FORMS DUE February 9th.

Email it to loverevolution@ofmovingcolors.org with the subject line BYRDES DANCERS by February 9th.