

Christian Dance Company's Scholarship Application

Must be postmarked on or before Monday, December 3, 2018. Mail application to: Tina Kostreva
11933 Ucil Lake Road Pound WI 54161. Please complete one per person. All areas must be completed
in order for this application to be considered. Scholarships awarded will range from \$50-\$200.

Name and Age of Dancer _____

Name of Parent(s) _____

Phone Number _____

Address _____

#1. Is your child eligible for reduced lunches at school? _____

#2. Is your child eligible for free lunches at school? _____

#3. What school does your child attend? _____

#4. Does your family receive government aid? _____

- If so, what kind of aid? _____

#5. How many children are living in your household? _____

#6. How many people financially support those living in your house? Please
take into consideration any child support situations. _____

#7. If you do not receive any form of government aid or free or reduced
lunches at school, please describe your current financial situation. What
hardships has your family recently endured? Any type of proof that can be
provided is greatly appreciated.

I, the undersigned, give my consent to the CDC staff to read and process this application. I certify that all of my answers are correct and will provide proof, if necessary. I understand that only the CDC staff will have access to this information. I also understand that my dancer(s) must be enrolled full time to receive a scholarship and that CDC has the right to revoke this application and any scholarship given for false information or behavioral issues with my child.

Signed, _____ Dated, _____