Seamless Dance Theatre, Inc.

Scholarship Application 2015-2016

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Studio/School: (where check will be issued) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the questions below-

1. Please explain your training experience, including hours per week, what classes you take, summer intensives, conventions, etc.
2. How will our scholarship be used? (Studio fees, costumes, competition fees, college, etc.)
3. What are your goals for this year? In 5 years?
4. Why do you think you should be the recipient of the Project Dance Scholarship?
5. What has dance done for you in shaping the person you are now?
6. What place in our society do you think dance has?
7. Please also attach a recommendation letter from someone other than a parent, and over the age of 21, explaining why they think you should receive this scholarship.

Please email to [seamlessdance@hotmail.com](mailto:seamlessdance@hotmail.com) or mail to:

Seamless Dance Theatre, Inc.

Project Dance Scholarship

11650 W. 85th St.

Lenexa, KS 66214