



**Parents, keep this Cover Sheet
for your information and records.**

Checklist:

Please complete and submit the following documents with your application:

✓	A complete application form <i>(Complete all information on this form)</i>
✓	One (1) recommendation form <i>(Complete all information on this form)</i>

*****Scholarship may only be applied toward tuition for fall sessions beginning in August.**

Questions:

Contact us through the Arts Council website at www.naartscouncil.com or through contact with Mr. Ken Smith, Executive Director, at (803) 442-7588.

Deadline:

Completed application form and recommendation form are due
July 15, 2022 for the Fall Session.

Submit application form and recommendation form to:

**North Augusta Cultural Arts Council
Attn: Kisner Grant Committee
P.O. Box 6415
North Augusta, SC 29861**

OR

Drop forms off at your selected dance studio.



North Augusta Cultural Arts Council
Gift of Dance Program Application
FALL 2022

Application Date	
Student Name	
Birth Date and Current Age	
Previous Dance Experience	
Please choose one school	<input type="checkbox"/> Tip Toes and Taps <input type="checkbox"/> Fall Session 2022 <input type="checkbox"/> N Augusta School of Dance <input type="checkbox"/> Fall Session 2022
First Choice	1) Dance Class Name 2) Day & Time of Class 3) Total Class Fee
Second Choice	1) Dance Class Name 2) Day & Time of Class 3) Total Class Fee
Third Choice	1) Dance Class Name 2) Day & Time of Class 3) Total Class Fee
Parent/Guardian name & phone number (please print)	Name: Phone:
Parent/Guardian - mailing address and Email address (please print)	Address City/State/Zip Email address
Brief Summary by parent/guardian of needs (If extra space is needed, continue on back of this sheet)	
	<i>(Signature required on the back)</i>

Signature of Student _____ Date _____

Parent/Guardian Signature _____ Date _____

******NOTE******

ALL INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

If a student is selected to receive a scholarship, an acknowledgement letter is **REQUIRED** from the parent/guardian, stating their child will participate and complete the term of instruction provided by your selected Dance Studio.

Brief Summary by parent/guardian of needs

(Continued from front page)



GIFT OF DANCE SCHOLARSHIP PROGRAM

Recommendation Form

_____ is applying for a scholarship from the North Augusta Cultural Arts Council's *Gift of Dance Scholarship* Program.

We grant scholarships based on financial need and the following criteria: Dance-Related

- Dancer must demonstrate strong interest in and commitment to studying dance.
- Prior dance experience *is not required*.
- Scholarships awarded to students in grades K-12.

Leadership

- Dancer must exhibit a consistently positive attitude toward him/herself and others.
- Dancer must be a positive member of his/her school and community.

Your Name	
Address City, State, Zip (please print)	
Phone number & Email address	
Your relationship to the student	

Why do you think this student should receive the "Gift of Dance Scholarship"?