



## BLACK DANCE – USA SCHOLARSHIP APPLICATION

### Student Information

Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Desired Scholarship (Check ONE) :

- Full Registration Scholarship
- Partial Registration Scholarship

Dance Interests (Check all that apply):

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Afrikan Caribbean   | <input type="checkbox"/> Hip Hop      |
| <input type="checkbox"/> Afro Cuban Folklore | <input type="checkbox"/> KemetiC Yoga |
| <input type="checkbox"/> Afro Cuban Salsa    | <input type="checkbox"/> Percussion   |
| <input type="checkbox"/> Afro Modern         | <input type="checkbox"/> Samba        |
| <input type="checkbox"/> Buckshop            | <input type="checkbox"/> West Afrikan |

Provide a 2-3 sentence statement for the following question: How will you benefit from participating in BLACK DANCE –USA?

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