



The purpose of Squamish Dance Centre's 'Outreach Scholarship' is to provide financial assistance to families who face economic barriers. Squamish Dance Centre is committed to offering an inclusive environment which welcomes everyone in our community. In our effort to meet our commitment, we are excited to offer such a scholarship for families to apply for full or partial tuition coverage by Squamish Dance Centre funds for the 2019/20 season.

Criteria and Guidelines

- Three scholarships are available for local youth who have a passion for dance.
- Youth must be of 17 years or younger.
- Has weekly accessible and safe means of transportation to and from the dance studio.
- Is available for long term commitment from September 2019 to June 2020.
- Deadline to apply for Outreach Scholarship Application is Thursday, August 1st.
- Applicant will be notified no later than Tuesday, August 13th of acceptance.

Endorser

It is the responsibility of the adult sponsor to ensure the application is complete and submitted to the Squamish Dance Centre. The role of the endorser is to verify that the applicant faces economic barriers to register for dance classes and would be a good fit. The endorser can be but is not limited to: a professional in social work or family services, a school principal or counsellor, a senior recreation administrator, accountant, law enforcement officer, a registered physician or nurse, or a priest or pastor.

Submission Details

Email applications to info@squamishdancecentre.com by Thursday, August 1st with subject line: Outreach Scholarship Application 2019. Applications may also be dropped off at the Squamish Dance Centre building at unit 3-38924 Queens Way via the front door mail slot.

Adjudication

A panel consisting of persons not involved with the SDC team, to provide a non-biased decision, will review all applications under the guidelines provided. The panel commits to adjudicating the Outreach Scholarship applications in a fair manner without biases or gain. All applicant details are strictly confidential and will not be shared without prior written inquiry with and consent of the applicant and their legal guardian or adult sponsor.

PLEASE COMPLETE AND HAND IN THE FOLLOWING APPLICATION FORM BY
Thursday, August 1st

Applicant (child who is eligible for this scholarship)

First Name: _____ Last Name: _____

Date Of Birth: _____ Age as of December 2019: _____ Male Female

Address: _____ Telephone: _____

Please check which type of scholarship you are applying for:

- Full Scholarship: full tuition coverage by SDC for the 2018/19 season
- Partial Scholarship: 50% tuition coverage by SDC for the 2018/19 season

Program of interest:

- Kinder Program
- Non Competitive
- Competitive

Class(es) of interest: _____

How will this scholarship help the applicant's needs and lifestyle? _____

Application Sponsor (parent/guardian/teacher/counsellor/etc.)

First Name: _____ Last Name: _____

Signature: _____ Date Signed: _____

Email: _____ Telephone: _____

Relationship to Applicant: _____

Additional comments about the applicant: _____

DO NOT FILL THIS SECTION OUT:

Application Approved: _____ YES _____ NO

Signature: _____

Signature: _____

Date Signed: _____

Date Signed: _____