



Mailing address: P.O. Box 543, Junction City, Oregon 97448

Contact: (541) 912-8431 or jcschoolofdance@gmail.com

2025-26 SCHOLARSHIP APPLICATION

Instructions for Completing and Submitting Application

- ☆ All applications must be returned to the school or via email. Previous applicants and recipients must submit a new application each year to be considered.
- ☆ We give a few need-based scholarships each year for up to 50 percent off monthly tuition only, and when those have been given, we are unable to offer more. No discount is given for registration, recital, or costume fees.
- ☆ Each scholarship family must be enrolled in autopay with a current credit card for monthly tuition charged on the 5th of each month. The December charge will include the second half of the costume fee(s), and any additional charges (tickets, merchandise, etc.) accrued between May 5 and May 31 will be charged on June 5. If a credit card has expired or fails to process, we will notify you immediately with a grace period of 30 days before your scholarship automatically expires.
- ☆ Scholarship families are not eligible for additional discounts, including but not limited to unlimited family rates and the pay-in-full discount.
- ☆ Each family receiving a scholarship is asked to volunteer at both the December and May performances. The average time commitment is 4 to 6 hours over the course of the year.
- ☆ Complete front and back of the application, PRINTING all information clearly.
- ☆ Both the student and parent/guardian sections of the application must be completed.
- ☆ If scholarship application is for more than one student, complete individual student sections. One parent/guardian section is adequate.
- ☆ The application must be signed and dated.



JC SCHOOL OF DANCE

DANCE FROM YOUR HEART

JCSD DANCE SCHOLARSHIP APPLICATION FOR 2025-26

STUDENT SECTION

Name _____ Age _____ Date of Birth _____

DANCE EDUCATION/ EXPERIENCE

Check all that apply. Include the number of years and name of school.

- ☐ **Ballet** School _____ Years _____
- ☐ **Pointe** School _____ Years _____
- ☐ **Jazz** School _____ Years _____
- ☐ **Lyrical** School _____ Years _____
- ☐ **Tap** School _____ Years _____
- ☐ **Hip Hop** School _____ Years _____
- ☐ **Acro** School _____ Years _____
- ☐ **Other** Type/School _____ Years _____

DANCE GOALS

TO BE COMPLETED BY STUDENT!

***Please explain what it is you most like about dance
and your personal goals for the dance season.***



JC SCHOOL OF DANCE

DANCE FROM YOUR HEART

JCSD DANCE SCHOLARSHIP APPLICATION FOR 2025-26

PARENT/GUARDIAN SECTION

Mother's Name:

Father's Name:

Street Address:

Street Address:

City State Zip:

City State Zip:

Home Phone:

Home Phone:

Phone:

Phone:

Occupation:

Occupation:

SCHOLARSHIP REQUEST

TO BE COMPLETED BY PARENT/GUARDIAN!

Please explain the reason(s) for applying for a scholarship.

Having read and agreed to the scholarship guidelines, I am submitting this application on behalf of my daughter/son.

Parent/Guardian Signature _____ Date _____