

# Stevie Sorensen Dance Scholarship

This scholarship is in memory of Stevie Anne Sorensen, who passed away in March of 2016. She loved to dance and was part of the Creative Arts Dance Studio (CADS) from the age of 4 through her graduation from Lincoln County High School and afterward. We know that she would be happy if others who may not be able to afford the program, have a chance through this scholarship.

This scholarship is for either one or two semester's tuition to the Creative Arts Dance Studio (CADS) and must be used during the fall and spring of the CADS program in which it is awarded. The student is responsible for paying the annual Creative Arts Council membership fee, which is not the same as the CADS registration fee. The student is also responsible for paying for costumes.

The award of the scholarship will be based on financial need and the expression of the participant's love of dance. Please fill out the application form below.

## Scholarship Application

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If a scholarship is awarded, what class would you like to attend:

Option 1. \_\_\_\_\_

Option 2. \_\_\_\_\_

Option 3. \_\_\_\_\_

## Employer of Parent, Guardian or Student

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

Phone: \_\_\_\_\_

Please provide a brief description of your financial situation/need for assistance.

---

---

---

---

---

Please include a brief explanation of why taking this class is important to you!

---

---

---

---

---

---

---

Number of Adults in Household: \_\_\_\_\_

Number of Children (under 18) in Household: \_\_\_\_\_

To maintain the integrity of Financial Assistance you may be asked to submit a copy of your recently filed U.S. Federal Income Tax Return (Form 1040) - this tax return would be used for evaluation purposes only and would remain strictly confidential.

*I hereby certify that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge. Any false or misrepresentation of information will terminate the financial assistance.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Although not required, volunteering is highly encouraged by the participants and their families. Bake sales, dance performance help, fund raisers...etc. You will be added to our volunteer list and may be called upon.**

**OFFICE USE ONLY**

Education Recommendation

Financial Approval

Scholarship awarded amount

Applicant responsible to pay