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 semesters' 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: _____

Please know partial and/or full scholarship awards are based on funding the CAC has available at the time of application submission. If your application is approved and a scholarship is awarded, you will be notified, and your Activity Director will apply your award to your program fees. Scholarship considerations are based on financial need and program engagement. It is intended to help those who are most passionate about their participation.

Employer of Parent, Guardian or Student

Name: _____

Phone: _____

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

_____

_____

_____

_____

Please provide a description of your desire to take (or continue) the class to which you are applying. The description may be in the form of an essay, a poem, a video, a photograph or painting with a caption, or other. Your submission is essential to our being able to obtain future scholarship funding.

Number of Adults in Household: _____

Number of Children (under 18) in Household: _____

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: _____

The CAC is run by a volunteer Board of Directors. We look to our Members and Scholarship recipients for help so we can continue to provide a variety of art programs. We are implementing a way for you to give back. We highly encouraged Scholarship participants and their families to volunteer time throughout the year. Below is a list of ways you can help. You will be added to our volunteer list and will be called upon.

Ways I Can Help

Day/Times you are available to help: _____

Please circle all of which you'd like to assist with:

Rendezvous (April)
LC Fair (August)
Back to School Bash (August)
Registration Fair (September)
Non-Profit Expo (October)
Trego Heritage Days (October)
Holly Faire (December)
CADS Dance Performance (January & May)
Clean-up Days (Summer)
Sell Raffle Tickets (Year-round)
Host a fundraiser (Anytime)
Post Flyers
Help with Social Media
Other