



WDA Scholarship Application Form

WDA is committed to making quality dance education accessible to all. Scholarships are awarded based on financial need and available funding. All information submitted is confidential.

Student Information

- Full Name: _____
 - Date of Birth: _____
 - Age: _____
 - Gender (optional): _____
 - Current School: _____
 - Grade: _____
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Parent/Guardian Information (if child is under 18)

- Name(s): _____
 - Phone Number: _____
 - Email Address: _____
 - Home Address: _____
_____ (City, State, ZIP)
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Financial Information

- Number of dependents in the household: _____
 - Annual household income:
 - ☐ Under \$25,000
 - ☐ \$25,000–\$50,000
 - ☐ \$50,000–\$75,000
 - ☐ Over \$75,000
 - Do you currently receive any of the following assistance? (Check all that apply):
 - ☐ Free/Reduced Lunch Program
 - ☐ SNAP/Food Stamps
 - ☐ Medicaid
 - ☐ Other: _____
 - Amount of assistance being requested: \$ _____
 - Would the student receiving the financial support be willing/able to engage in a work/study program in exchange for partial or full scholarship? (please circle one) yes / no
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Is there anything else you'd like us to consider?

I certify that the information provided is true and complete to the best of my knowledge. I understand that all applications are subject to review and that scholarships are limited.

Parent/Guardian Signature: _____

Date: _____