

The Debbie Collins Memorial Scholarship
APPLICATION

OFFICE USE ONLY
APP. # _____

DANCER'S NAME _____ DATE _____

ADDRESS _____ D.O.B. _____

_____ AGE _____

DANCE STUDIO/SCHOOL & ADDRESS _____

MOTHER/LEGAL GUARDIAN _____

ADDRESS _____

EMPLOYMENT _____

SALARY (YEARLY) _____ LENGTH OF TIME WITH CO. _____

PHONE: HOME _____ WORK _____ CELL _____

FATHER/LEGAL GUARDIAN _____

ADDRESS _____

EMPLOYMENT _____

SALARY (YEARLY) _____ LENGTH OF TIME WITH CO _____

PHONE: HOME _____ WORK _____ CELL _____

PARENTS ARE: (check one) MARRIED SEPARATED DIVORCED

If divorced, who has agreed to pay for dance expenses? _____

Is this court-mandated? _____ If yes, please attach a copy of divorce decree.

OF SIBLINGS LIVING IN HOME _____

If parents are divorced, please list number in each home _____

Please note if dancer has applied for scholarship to The Debbie Collins Scholarship Fund previously. YES NO

If yes, was a scholarship awarded and when? _____

Please attach:

1. A copy of the front sheet of last year's federal taxes for both parents.
2. Two (2) letters of recommendation.
3. A short essay from the dancer about "What dance means to you."
4. A list of expected expenses and amount for which you are requesting assistance.
5. A list of other activities in which the dancer participates.

SUBMIT APPLICATION: Debbie Collins Dance Fund, Inc., PO Box 1711, Ardmore, OK 73402