

Hilton Head Dance Theatre  
Scholarship Application  
2010-2011

**ALL DANCERS ARE ELIGIBLE FOR SCHOLARSHIPS  
THIS FORM MUST BE COMPLETED TO QUALIFY**

Scholarships are awarded to eligible dancers based on need and merit as determined by the HHDT Dance Theatre's professional CPA. Partial scholarships are awarded from HHDT funds up to 100% of the total tuition. Full-tuition scholarships are awarded based on available funds and applications. All interested dancers must complete this Scholarship Application and return to HHDT in a sealed envelope. All information is kept confidential. **MAIL COMPLETED APPLICATIONS TO P.O. BOX 5761, HILTON HEAD ISLAND, S.C. 29938 ATTENTION: SCHOLARSHIP**

**APPLICATION/FAMILY/GUARDIAN INFORMATION**

Applying for Partial-Tuition Scholarship

Need Assistance with Costume Fees

Applying for Full-Tuition Scholarship

Need Assistance with Leotards, Tights, Ballet Shoes etc.

Dancer Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Ballet Class Level/ Leotard Color \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Employer/Position \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Employer/Position \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_\_.

**SOURCES OF MONTHLY INCOME AMOUNTS**

Annual Salary 1 \_\_\_\_\_ \$ \_\_\_\_\_

Annual Salary 2 \_\_\_\_\_ \$ \_\_\_\_\_

Other Income (Alimony, Child Support, Other) \_\_\_\_\_ \$ \_\_\_\_\_

Who may we contact to verify this information? Include references name(s), phone, physical address and email.

\_\_\_\_\_  
\_\_\_\_\_

**LIABILITIES**

Monthly Bills \_\_\_\_\_ \$ \_\_\_\_\_

Rent/Mortgage \_\_\_\_\_ \$ \_\_\_\_\_

Other Monthly Costs \_\_\_\_\_ \$ \_\_\_\_\_

**Total Liabilities** \_\_\_\_\_ \$ \_\_\_\_\_

*I understand the terms of the HHDT Scholarship as noted above. I authorize my son/daughter to submit a Hilton Head Dance Theatre Scholarship application. I understand that I have an obligation to insure that my son/daughter is transported to all class(es) that he/she receives/accepts a scholarship.*

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**MAIL COMPLETED APPLICATIONS TO P.O. BOX 5761, HILTON HEAD ISLAND, SC 29938 ATTENTION: SCHOLARSHIP**