

OVATION



Studio for the Performing Arts 2015 Rising Stars Scholarship Program Application

Student's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Total Net Income for 2014: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

*If student is under the age of 18

Parent/Legal Guardian #1: _____ Contact Phone Number: _____

Parent/Legal Guardian #2: _____ Contact Phone Number: _____

Class(es) Applying for: _____

By signing this document I _____ agree to allow Ovation Studio for the Performing Arts to review the income information of mine and my spouse or common law partner 2014 tax returns for the purpose of determining my level of eligibility for the income based Rising Starz Scholarship Program. I understand that I am responsible for the recital, performance, and costume fees for each class that will be covered by the scholarship and that I am expected to volunteer a minimum of 5 hours per class throughout the year at Ovation Studio for the Performing Arts events.

Signature: _____

Date Signed: _____

-----OFFICE USE ONLY-----

Full Scholarship Granted _____

Partial Scholarship Granted _____

Partial Scholarship Monthly Class Fee(s) _____

Recital/Performance/Costume Fees _____

Date Scholarship Granted _____

Student or Parent/Guardian Work Trade Hours _____