GALAXY DANCE SCHOOL
SCHOLARSHIP APPLICATION
(carefully print all information)

Name _____ Date _____

Address _____

_____

Phone Number _____Alternate _____

Email Address _____

Class Requested _____

Date to Begin Class(es) _____ Number of Classes Requested _____

Approximate Annual Income $ _____ What can you afford per class? $_____

If you have previously received a scholarship by Galaxy, when? _____

If you have received financial assistance in the past, when & what kind? _____

_____

Please provide an explanation for why you should be given a scholarship.

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