# ARMOUR DANCE THEATRE MIAMI'S COMMUNITY DANCE CONSERVATORY | EST. 1949

## SCHOLARSHIP & FINANCIAL AID APPLICATION

#### **PARENT - STUDENT CONTRACT**

The Thomas Armour Scholarship Program was established so that talented students who wish to pursue ballet are not denied the opportunity due to financial barriers. Students are selected on the basis of talent, need and availability of funding. Once the scholarship is awarded, funds are raised to cover the expenses of tuition and dance clothing. If a family's circumstances change so that clothing or part of the tuition can be covered, by the family, funds are used to bring more students into the program.

As a parent or guardian of the Thomas Armour Youth Baller Scholarsip student, I promise to encourage the adherence of the following guidelines by my child. As a recipient of the Thomas Armour Youth Ballet Scholarship, I promise to abide by the following guidelines.

#### **GENERAL GUIDELINES**

1. I will attend, on time, my assigned schedule of classes. I understand that failure to do so will result in a warning, probation, and finally a loss of the scholarship. If I am a male, I understand that this includes the Saturday Male Class!

2. If I am unable to attend class, for any reason, I will call TAYB (305)667-5543 NWSA students involved in production should bring their schedule to Ruth Wiesen.

3. I understand that I will be evaluated every six months. Evaluation will be based on: ATTENDANCE, ATTITUDE, BEHAVIOR TOWARD OTHER STUDENTS AND FACULTY, CONCENTRATION, AND IMPROVEMENT. I understand that a poor evaluation will result in probation and possible expulsion from the scholarship program.

4. I will abide by the dress code: GIRLS: black leotard, pink tights, pink shoes, hair in a bun. No shirts, sweaters, sweat pants or leg warmers. BOYS: black tights, with either white leotard or white T-shirt tucked in, white shoes. No big shirts, sweaters, sweat pants or leg warmers. I understand that I must set an example for all TAYB students.

5. I will not chew gum in class, and will eat snacks outside, disposing of my trash in the garbage can. I will never leave my snack cups, bags, papers etc. for others to pick up.

#### CODE OF ETHICS

1. As a role model to others, I realize I may be judged by HIGHER standards of behavior and class performance. I accept this challenge and responsibility.

- I will treat others as I wish to be treated.
- I will respect my teachers and fellow students.
- I will not talk in class.
- I will never humiliate another student through words, looks, or body language. Instead I will strive to be compassionate, and support others. I will strive to be an exemplary model for discipline effort, and understanding between students.
- I understand that smoking, drugs and alcohol are strictly prohibited, and will impede my artistic progress.
- I understand that physical intimidation or a verbal threat is grounds for expulsion.

## 5818 SW 73 STREET MIAMI, FL 33143 | 305.667.5543

2. I understand that I am a social and cultural representative of the Scholarship Program within the community. In addition, I also represent the community of Miami, when traveling outside its boundaries. I promise to safeguard our reputation for excellence. I will never risk injuring that reputation through questionable behavior.

3. I understand that an important aspect of this program is to share this opportunity with other children. I will give back to the community through outreach lecture/demos, participation in scheduled community festivaland the year-end "Friends and Family" concert.

4. As an advanced student, I may "recycle" my gifts through teaching, choreography, or assisting in staging and rehearsing. I understand that in order to do this I must be willing to give of my time on Saturdays.

#### PLEASE SIGN AND RETURN TO THOMAS ARMOUR YOUTH BALLET

My parent and I have read and understand the rules and guidelines of the Thomas Armour Youth Ballet Scholarship Program and I agree and will comply.

STUDENT NAME (print)	DATE
PARENT NAME (print)	DATE
STUDENT SIGNATURE	DATE
PARENT SIGNATURE	DATE

## STUDENT APPLICATION FOR SCHOLARSHIP

Thomas Armour Scholarship is awarded on a basis of financial need in amounts which vary according to the circumstances of the students and their families. The questions asked in this application are designed to procure information needed by the TASP to fully understand the family financial position and to make certain that financial aid can be awarded to those qualified students whose need is greatest.

#### THE INFORMATION SUPPLIED IN THIS APPLICATION WILL BE CONSIDERED STRICTLY CONFIDENTIAL.

For those parents/guardians who have filed an income tax return, please submit a copy of the most recent federal tax form reported (IE. 1040, 1040A, or 1040EZ). For those parents/guardians who did not file an income tax return, this form must be accompanied by a copy of the W-2 withholding statement for the prior year, or an award letter, if receiving ADC, social security, disability, or welfare benefits.

NAME OF STUDENT			_AGE
DATE OF BIRTH	PRESENT SCHOOL GRADE		
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL	EMAIL	
PARENT/GUARDIAN'S NAME			
PARENT/GUARDIAN'S NAME			
LIST OF DE	PENDENTS IN THE HOME IN	ICLUDING CANDIDAT	E
NAME OF DEPENDENT			AGE
NAME OF DEPENDENT			AGE
NAME OF DEPENDENT			AGE
NAME OF DEPENDENT			AGE
NAME OF DEPENDENT			AGE

PLEASE LIST OTHER DEPENDANTS, IF ANY, LIVING OUTSIDE YOUR HOME, AND INDICATE THE AMOUNT OF FINANCIAL ASSISTANCE RENDERED EACH YEAR.

PLEASE EXPLAIN ANY SPECIAL FAMILY CIRCUMSTANCES SUCH AS DIVORCE, SEPARATION, UNEMPLOYMENT, ILLNESS ETC.

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PARENT OR GUARDIAN'S BUSINESS
PARENT OR GUARDIAN'S BUSINESS
NAME EMPLOYER
PARENT'S YEARLY INCOME \$
PARENT'S YEARLY INCOME \$
PLEASE GIVE THE AMOUNT PAID LAST YEAR FOR THE FOLLOWING:
RENT OR COMPARABLE EXPENSE \$
CHILD CARE EXPENSES \$
PLEASE STATE HOW MUCH YOU CAN CONTRIBUTE TOWARD YOUR TUITION \$
THE PROGRAM WILL WELCOME ANY FURTHER STATEMENT YOU MAY CARE TO MAKE WHICH MIGHT AID IN DETERMINING THE AMOUNT OF FINANCIAL AID THAT IS APPROPRIATE TO BE GRANTED.

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