



Gift Of Dance Scholarship Program

PROFILE:

NAME: _____

BIRTHDATE: _____ AGE: _____

ADDRESS: _____

EMAIL ADDRESS: _____ @ _____

PHONE #: _____

FACEBOOK, TWITTER, YOUTUBE, WEBSITE:

SCHOOL/UNIVERSITY: _____

SCHOOL SCHEDULE:

CURRENT PLACE(S) OF EMPLOYMENT:

MY SCHEDULE CHANGES EVERY WEEK: YES NO

WORK SCHEDULE:

DANCE PROFILE:

WHY ARE YOU AN EXCELLENT CANDIDATE FOR THE GIFT OF DANCE PROGRAM?

WHAT DOES DANCE MEAN TO YOU?

DO YOU HAVE ANY DANCE ACCOMPLISHMENTS?

WHAT DANCE TRAINING HAVE YOU HAD IN THE PAST OR ARE CURRENTLY UNDERGOING?
(studios, workshops, master classes, conventions, or choreographers)

WHAT SYLES OF DANCE DO YOU HAVE EXPERIENCE WITH?

PLEASE LIST ANY STUNTS OR TRICKS YOU CAN DO:

PLEASE LIST OTHER DANCE AFFILIATIONS: *(dance companies, competition teams, crews, or studios)*

PERSONAL INFORMATION:

PLEASE LIST ANY INJURIES OR ALLERGIES:

DO YOU PARTICIPATE IN ANY OTHER EXTRA-CURRICULAR ACTIVITIES OR AFFILIATIONS?

WHAT ELSE CAN YOU TELL US ABOUT YOURSELF?

GIFT OF DANCE SCHOLARSHIP PROGRAM WAIVER:

I, _____, HEREBY AGREE TO THE FOLLOWING:

1. I WILL BE PARTICIPATING IN THE AUDITION FOR THE GIFT OF DANCE SCHOLARSHIP PROGRAM, AND I WILL BE THE JUDGE OF HOW MUCH PHYSICAL ACTIVITY I CAN ENDURE. I UNDERSTAND THAT ALL PARTIES AFFILIATED WITH SPONSORING THIS EVENT ARE NOT LIABLE FOR ANY INJURY I MAY SUSTAIN.
2. IF SELECTED I WILL BE PARTICIPATING IN THE GIFT OF DANCE SCHOLARSHIP PROGRAM, AND I WILL BE THE JUDGE ON HOW MUCH PHYSICAL ACTIVITY I CAN ENDURE. I UNDERSTAND THAT ALL PARTIES AFFILIATED WITH SPONSORING THE PROGRAM ARE NOT LIABLE FOR ANY INJURY I MAY SUSTAIN.
3. IN CONNECTION WITH MY PARTICIPATION IN THE GIFT OF DANCE SCHOLARSHIP AUDITION AND PROGRAM, I CONSENT TO THE USE OF MY PHOTOGRAPH, VIDEO, OR OTHER LIKENESS FOR ANY PROMOTIONAL USE AFTER TODAY.

I HAVE READ THE ABOVE WAIVER OF LIABILITY AND PHOTO AND VIDEO RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE AS SHOWN BY MY SIGNATURE BELOW.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN (if under age 18):

_____ DATE: _____