

P.O. Box 1082

Sheboygan, WI 53082-1082

Wisconsin Dance Council

Anon-profit organization devoted to dance as a fine art

www.wisconsindancecouncil.org

INSTRUCTIONS AND REQUIREMENTS FOR WDC SCHOLARSHIP ASSISTANCE

PLEASE READ ALL INSTRUCTIONS AND REQUIREMENTS IN DETAIL.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

APPLIC	CANTS MUST MEET THE FOLLOWING CRI	TERIA:			
	Resident of State of Wisconsin at the ti	me of application and during the summer intensive program			
	Currently enrolled in eighth grade, high	n school or college			
	Did not receive a WDC scholarship in 20	018			
	Accepted into a summer intensive prog	gram, outside his/her home studio			
	Submit a nomination by a current Wisc	onsin Dance Council member			
	Have a serious interest in dance, exhibi	it strong dance technique and demonstrate financial need			
	Submit all required application compor	nents by March 2, 2019			
APPLIC	CANTS MUST SUBMIT THE FOLLOWING N	MATERIALS BY March 2, 2019:			
(If sub	mitting application via email, submit the	e following text documents as ONE combined PDF)			
	Cover letter from applicant which inclu	des a description of need for financial assistance			
	Completed application form				
	Instructor evaluation form				
	Nomination form from a WDC member				
	Copy of acceptance letter from summer intensive program for which scholarship funds would be used				
	Front page of 2018 parent/guardian tax return to verify income (cover social security numbers)				
	Signature page				
(If sub	mitting application via email, submit eac	ch picture as a JPG FILE)			
	Headshot photo (school pictures are acceptable)				
	Two photos of student dancing to demonstrate level of technique				
MATE	RIALS MUST BE POST-MARKED OR EMAI	LED BY MARCH 2, 2019:			
MAILI	NG ADDRESS:	EMAIL:			
	Wisconsin Dance Council	scholarships@wisconsindancecouncil.org			
	Scholarship Committee	Remember: if submitting your application via email			

In addition, scholarship recipients are required to submit a brief written reflection about their experience upon completion of the Summer Dance Intensive program for publication in the WDC newsletter. Failure to submit a reflection before September 1, 2019 will result in ineligibility for any future WDC scholarship.

all your text documents should be submitted as **one PDF** and the photographs should be submitted as **individual JPGs.**



Applicants will be contacted via email by March 9, 2019 with the results of his/her application.

STUDENT APPLICATION FORM FOR WDC SCHOLARSHIP ASSISTANCE

The applicant must complete this 2-page application.

Applicant Name	
Address	Phone
City, Zip	E-Mail
Age as of March 2, 2019	Year in Academic School
Parent or Guardian (if under 18)	
Address	Phone
City, Zip	E-Mail
Current Dance Instructor	
Dance School	
Address	Phone
City, Zip	E-Mail
Summer Intensive Program	Dates of Program
Address	Phone
City, Zip	Website
Program Tuition	
Program Housing Fee	Will you reside in the program housing? YES NO
Travel Expenses	
List any discounts, financial assistance or sch	holarships directly from the summer intensive program:
What amount of scholarship funding are you	u hoping to receive from WDC?



Please describe your training and interest in dance:		
Provide a brief statement why you want to attend this summer intensive dance program?		
Rate and explain the likelihood of you entering a dance related career in the future:		
1: Very Unlikely 2: Somewhat Unlikely 3: Probable 4: Very Likely 5: Extremely likely or already working in the field		
Rate and explain the likelihood of attending this summer intensive program without financial assistance:		
1: I can attend without assistance 2: I will likely attend without assistance 3: I may not attend without assistance 4: I am unable to attend without some assistance 5: I cannot attend without significant assistance		
List dance educational background, including degrees, certificates or awards earned:		
Have you received a Wisconsin Dance Council Scholarship before? If so, during what year(s).		



INSTRUCTOR EVALUATION FORM FOR WDC SCHOLARSHIP ASSISTANCE

The applicant's current instructor must complete this 1-page evaluation form. The instructor can return it to the applicant for submittal or the instructor can send it directly to scholarships@wisconsindancecouncil.org with the name of the student as the subject line.

Dance School
City, Zip E-Mail
For how long have you served as this student's instructor?
Rate and explain your student's dance technique:
1: Poor technique 2: technique requires significant improvement 3: Average Technique 4: Technique requires minimal improvement 5: Excellent technique
Rate and explain your student's dance potential and seriousness:
1: Very little or none 2: Some potential but lacks drive 3: Some potential, somewhat driven 4: High persistence, but may be lacking in potential 5: Highest potential for a professional dance career, incredibly driven
Rate and explain how beneficial this program will be to your student's dance instruction:
1: Program offers no benefit 2: Program is minimally beneficial 3: Program could offer some benefit 4: Program would provide necessary support 5: Program would significantly benefit the student



NOMINATION FORM FOR WDC SCHOLARSHIP ASSISTANCE

A current Wisconsin Dance Council Member must complete this 1-page nomination form and return it to the applicant to submit with complete application packet. The nominator may or may not be the applicant's instructor.

WDC Members may sign for ONLY ONE student each year.

I,	WDC Member Name (printed), nominate (student name)
	for a Wisconsin Dance Council Scholarship which will allow
	 (student name) to attend a summer intensive program during the summer o
2019.	
I believe this student is an excellent cand	didate for this scholarship because:
Nominator Relationship with Nominee _	
Nominator Professional Dance Affiliation	າ
Nominator Signature	Date



SIGNATURE PAGE FOR WDC SCHOLARSHIP APPLICATION

To be completed by the applicant, and his/her parent/guardian if applicant is under 18, and submitted with the application packet.

The undersigned agrees that all information included in this application is accurate, that nothing has been misrepresented. The undersigned will be available to take full advantage of a full program of study as indicated in the application packet. The applicant understands that upon summer intensive program completion, he or she is expected to submit to the WDC a brief written reflection on his/her experience in fulfilling this agreement which may be included in the WDC newsletter. Scholarship recipients are required to submit a brief written reflection about their experience upon completion of the Summer Dance Intensive program for publication in the WDC newsletter. Failure to submit a reflection before September 1, 2019 will result in ineligibility for any future WDC scholarship.

The applicant agrees the Wisconsin Dance Council may use the submitted photographs of him/her or his/her guardian with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media, and web content.

I understand I will be contacted via email with my application results by March 9, 2019 and have provided an email address on my application that is checked on a regular basis.

I have included all required components with this application and I am submitting by the deadline of March 2, 2019:

	Cover letter from applicant describing need for financial assistance				
	Completed application form				
	Instructor evaluation form Circle One: form included form being sent direct by instructor				
	Nomination form from a WDC member				
	Copy of acceptance letter from summer intensive program for which scholarship funds would be used				
	Front page of 2018 parent/guardian tax return to verify income (cover/black out social security numbers)				
	Signature page				
	Headshot photo (school pictures are acceptable); PHOTO SENT AS .JPG				
	Two photos of student dancing to demonstrate level of technique; PHOTOS SENT AS .JPGs				
I,	(applicant name), understand and agree to the terms of this agreement.				
l,	(parent/guardian name if applicant is under 18), understand and agree to the terms of				
this ag	greement.				
Signat	cure of Applicant Date				
Signat	cure of Parent or Guardian, if Applicant is under 18 Date				