

Wisconsin Dance Council

A non-profit organization devoted to dance as a fine art

www.wisconsin dance council.org

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INSTRUCTIONS AND REQUIREMENTS FOR WDC SCHOLARSHIP ASSISTANCE

PLEASE READ ALL INSTRUCTIONS AND REQUIREMENTS IN DETAIL.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

APPLICANTS MUST MEET THE FOLLOWING CRITERIA:

- € Resident of State of Wisconsin at the time of application and during the summer intensive program
- € Currently enrolled in eighth grade, high school or college
- € Did not receive a WDC scholarship in 2020
- € Accepted into a summer intensive program, outside his/her home studio
- € Submit a nomination by a current Wisconsin Dance Council member
- € Have a serious interest in dance, exhibit strong dance technique and demonstrate financial need
- € Submit all required application components by April 5, 2021

APPLICANTS MUST SUBMIT THE FOLLOWING MATERIALS BY April 5, 2021:

- € Cover letter from applicant which includes 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 2020 parent/guardian tax return to verify income (cover social security numbers)
- € Headshot photo (school pictures are acceptable); **PHOTO SENT AS .JPG**
- € Two photos of student dancing to demonstrate level of technique; **PHOTOS SENT AS .JPG**
- € Signature page
- € MATERIALS MUST BE SENT AS ONE PDF FILE

MATERIALS MUST BE POST-MARKED OR EMAILED BY April 5, 2021:

MAILING ADDRESS:

Wisconsin Dance Council
Scholarship Committee
P.O. Box 1082
Sheboygan, WI 53082-1082

EMAIL, MUST BE SENT AS ONE PDF FILE (photos in .jpg):

scholarships@wisconsindancecouncil.org

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 3, 2021 will result in ineligibility for any future WDC scholarship.

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Applicants will be contacted via email by April 19, 2021 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 April 5, 2021 _____ 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 scholarships directly from the summer intensive program:

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What amount of scholarship funding are you 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:

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Have you received a Wisconsin Dance Council Scholarship before? If so, during what year(s).

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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@wisconsin舞蹈council.org with the name of the student as the subject line.

Dance Instructor Name _____

Dance School _____

Address _____ Phone _____

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

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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 the 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 of
2021.

I believe this student is an excellent candidate for this scholarship because:

Nominator Name _____

Nominator Relationship with Nominee _____

Nominator Professional Dance Affiliation _____

Nominator Signature _____ Date _____

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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 3, 2021 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 April 5, 2021 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 April 5, 2021:

- € 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 2019 parent/guardian tax return to verify income (cover social security numbers)
- € Headshot photo (school pictures are acceptable); **PHOTO SENT AS .JPG**
- € Two photos of student dancing to demonstrate level of technique; **PHOTOS SENT AS .JPG**
- € Signature page

I, _____ (applicant name), understand and agree to the terms of this agreement.

I, _____ (parent/guardian name if applicant is under 18), understand and agree to the terms of this agreement.

Signature of Applicant

Date

Signature of Parent or Guardian, if Applicant is under 18

Date