

2017 Summer Dance Intensive Financial Aid Scholarships

If you are sending both Merit and Financial Aid Scholarship Applications, you do not need to send the forms that are duplicates. Please attach a note stating that you are also submitting a Merit Scholarship Application.

To be eligible, you must:

- be a 2-week student
- stay on-campus and pay room and board fees
- meet all technical requirements; (We do make some exceptions for students who do not meet the technical requirements, but these students are not eligible for a scholarship.)
- submit all required paperwork by **February 17, 2017**

Ballet Magnificat! offers Financial Aid Scholarships to students with special circumstances. We recommend that before you fill out this application, you consider your fundraising options and read the fundraising ideas on our website. This is one of the things we consider when looking at each application.

We **MUST** receive the original **and one copy** of items 1-8 as a single packet and items 9 and 10 individually by February 17, 2017. Items 11-14 should be sent *after* determination of scholarship, but *before* April 28. (Any application or paperwork received after this deadline will not be considered.)

1. Application checklist (page 3), initialed (make a photocopy for your records)
2. Cover page (page 4)
3. Scholarship Application Form (pages 5 & 6), completed in full (including photos)
4. Payment Information page (page 7)
5. Photo Release (page 8)
6. Serious Medical Condition Form (page 9)
7. One-page essay – typed, about what dance means to you and why you want to attend this workshop.
8. First and last page of your parents' IRS filing showing total taxable income – If parents are divorced, we need financial information from both parents. If there are extenuating circumstances, please let us know.

--All financial information will be kept confidential and destroyed once scholarships are placed.--

Please have items 9 and 10 mailed directly to our office by your pastor and teacher, to be received by February 17:

9. Pastor's Recommendation Letter as a personal reference. Give request (page 10) to your pastor together with a stamped envelope addressed to Ballet Magnificat!

10. Completed Teacher Evaluation Form, from only one of your teachers. Give request letter and form (pages 11 & 12) to your teacher together with a stamped envelope addressed to Ballet Magnificat!

Please send items 11-14 *after* scholarships have been determined, but *before* April 28:

11. Confidential Record (page 13)

12. Physician's Release (page 14)

13. Transportation Form (page 15)

14. Authorization to Administer Medication (page 16)

Final notification of scholarships will be sent from our office by **March 14, 2017**.
PLEASE do not call our office for award information unless you have not received a letter
from us by **March 21**.

If you are awarded a scholarship, you must contact Ballet Magnificat! by **April 1, 2017**, to
accept or decline the scholarship award.

If you do not receive a scholarship, you must notify Ballet Magnificat! by **April 1, 2017**, of
your decision to attend/not attend the workshop.

Scholarship money is awarded for tuition only and you will be responsible for Room and
Board fees.



2017 Summer Dance Intensive Packet

Cover Page

Name: _____

Address: _____

Phone: _____

Parent/Guardian Email: _____

Student Email: _____

Session: 1st 2 weeks – Arrive July 1 – Depart July 15

2nd 2 weeks – Arrive July 15 – Depart July 29

Bringing cell phone with you? _____YES _____NO Computer? _____YES _____NO

How are you arriving? Car Airplane Other: _____

1. All forms must be completed in black ink ONLY.
2. Forms 3-9 must be sent as one complete packet.
3. Students – do not fax your forms. Teachers and Pastors may fax their forms.
4. \$100 Late Fee if ALL payments and ALL forms are not received by April 28, 2017.
5. A cancellation fee of \$375 will be charged for cancellations after April 28.

Please send forms and copies to:

Ballet Magnificat!
SDI Scholarship
5406 I-55 N
Jackson, MS 39211

2017 Financial Aid Scholarship Application

Your packet must include these hard copy photos no larger than 5" x 7" (they do not need to be professionally done):

- Dance photo (No costumes, please. First arabesque profile, ladies: en pointe; men: en demi pointe)
- 2 Copies of a head shot photo (These can be the same.)

Please check one: Two weeks, Arrive July 1 – Depart July 15
 Two weeks, Arrive July 15 – Depart July 29

Name _____ Prefer to be called _____

Date of Birth _____ Age (as of SDI start date) _____ Height _____ Weight _____

Have you attended a Ballet Magnificat! Summer Intensive in the past? No Yes, year(s) _____
Have you received a Financial Aid Scholarship from Ballet Magnificat! in the past? No Yes, year _____

Parents are: Married Divorced -- Student lives with: both parents mother father other _____

T-Shirt size (Adult sizes): Small Medium Large Extra Large

How did you hear about Ballet Magnificat! and the Summer Dance Intensive?

Company performance Internet Friend Ballet School Magazine: _____

Have you made an effort to raise funds?

YES. Explain how and results: _____

NO. Explain why: _____

Do you work full-time or part-time YES – Where _____ Monthly Pay \$ _____ NO

Parent/Guardian Occupations:

Mother _____ Father _____
Employer _____ Employer _____

Roommate requested _____

If you are requesting a roommate:

- He/she must be within 2 years of your age
- You can submit only 1 name
- Both of you must request each other
- He/she must be attending the same session (a 2-week student and a 4-week student cannot room together)

What circumstances do you feel qualify you/your child for a Financial Aid Scholarship? _____

(attach separate sheet if more space is needed to answer)

Siblings and their ages _____

Academic History:

School currently enrolled in _____

This is a: Public School Private School Home School College Current Grade _____
Do you plan to attend college? Yes No If yes, where? _____
Major _____ Minor _____ Projected Start Date _____

Dance Education History:

Years of Ballet since age 8 _____ Years on pointe _____
Current Dance School and Address _____
Dance Training (ballet, jazz, etc, and number of years) _____

Physical History: Are you under a doctor's care at this time? Yes No
Have you had any injuries this year? Yes No If yes, give a brief description _____

Do you have any chronic/recurrent injuries or difficulties? Yes No If yes, describe _____

Personal Testimony: Church Affiliation _____

Do you consider yourself to be a Christian? Yes No If yes, please give your personal testimony stating how you came to know Jesus Christ as your personal Savior. Attach separate sheet if more space is needed.

What do you expect to accomplish at this workshop? _____

- Favorite scripture(s) _____
- Last book(s) read _____
- Favorite movie(s) _____
- Hobbies _____
- If you could go anywhere in the world, where would it be and what would you do? _____

Rules Agreement

I will work to prepare my body for the significant physical demands of this workshop.
I understand that the staff, teachers, and counselors are in a place of authority for my benefit and protection and I will honor their leadership while I am attending this workshop.
I will take all complaints or problems to my counselor first before calling my parents.
If I have a complaint or other difficulty regarding my class level, I will talk with my counselor first.
I realize there will be people from many different backgrounds attending this workshop and I will show respect for all.
I understand that there will be no dating or pairing off with the opposite sex during the course of this workshop.
I plan to enjoy this workshop and to have a great time.

Signature of Applicant _____

If under 18 – I have read and affirm the accuracy stated above.

Signature of Parent _____

Accounts must be paid in full by April 28, 2017. \$100 Late Fee charged if ALL forms and ALL payments are not received by April 28. **A 5% discount is applied when all payments (besides the Application Fee) are made by cash, check, or money order.**

Refunds:

1. Refunds made after April 28, 2017, are subject to a \$375 cancellation fee.
2. No refunds will be issued if we do not receive cancellation notification by 5:00pm (Central Time) on the Tuesday preceding your arrival day.
3. No refunds will be issued after the start of the workshop session, for any reason, including injury, illness, and homesickness

Session	On Campus Total	On-Campus Total with 5% Discount	Off-Campus Total	Off-Campus Total with 5% Discount
2 Weeks	\$1,931.00	\$1,835.45	\$1,082.00	\$1,028.90
4 Weeks	\$3,434.00	\$3,263.30	\$1,652.00	\$1,570.40

Please pay in 3 installments, due on February 1, March 1, and April 1.

- I plan to pay by check or money order
- Please charge my card when payments are due

Credit Card Number _____ *Exp Date* _____ *CVV* _____ *Zip Code* _____ *Authorizing Signature* _____

- If your application is received after February 1, please pay the first installment, with the others due March 1 and April 1.
- If your application is received after March 1, please pay the first two installments, with the third due April 1.
- If your application is received after April 1, please pay the full balance. Balance must be paid by April 28.

Dear Student and Parent:

We often update our website and promotional materials and may use some pictures and video footage from previous workshops. Pictures and video footage may be used in future brochures and other publications representing classroom and general workshop settings. Photos and videography would never be intentionally used in such a way to reflect negatively on their subjects. Please read and sign the release below.

RELEASE

I, _____ (print student name), grant to Ballet Magnificat!, its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it may be used in conjunction.

Student's Signature _____ Date _____

Print Name _____

I certify that, as parent and/or guardian of the above-named student, any photographs which have been or are about to be taken by Ballet Magnificat! may be used for the purpose stated above.

Parent or Guardian's Signature _____

Print Name _____

Date _____

Disciplinary Procedures

Each student is expected to adhere to the rules instituted by Ballet Magnificat! Minor problems will be addressed by the counseling staff. More serious problems will be referred to the on-campus Ballet Magnificat! administrators. A meeting will be held with the student, the student's counselor, and at least one member of the workshop staff. Parents will be notified. In the rare event a situation cannot be resolved to the satisfaction of our staff, the student will be sent home. No refund will be issued.

Illness

If a student becomes ill with a condition that requires over a lengthy period of time (a) constant one-on-one attention from the counselor or staff, (b) numerous trips to the doctor or hospital, or (c) numerous trips by staff to the drugstore, the parent(s) will be notified and the student may be sent home, with no refund given.

If a student exhibits behavior that (a) becomes a distraction, or (b) the leadership of Ballet Magnificat! becomes concerned for the welfare and safety of the student or the other workshop students, the parent(s) will be notified and the student will be sent home, with no refund given.

I have read and understand the disciplinary and illness policies above.

Printed Name of Parent/Guardian's (or student if over 18)

Signature of Parent/Guardian (or student if over 18)

Date

Participant's Name _____

All of our staff, counselors, and teachers are made aware of participants with conditions that may require special and emergency treatment. Participants are instructed during orientation on ways to help us meet their needs. Also, we put emergency info and numbers on the back of the participant's nametag so it will be easily accessible to us in case there is a problem.

Medical Condition(s) _____

Participant carries an EpiPen Participant has had fainting episodes in the past

Please list any/all allergies _____

Are you on a special diet of any kind? Gluten-free Dairy intolerant Nut allergy Other

Details _____

Medication(s) Participant will be taking during workshop _____

Special Instructions _____

Have you ever been diagnosed with or struggled with depression, bi-polar illness, anxiety or panic disorders, anorexia, or bulimia or any other mental ailment or illness? (If yes, please explain) _____

LIABILITY RELEASE: I/We hereby release Ballet Magnificat!, Belhaven University, their agents, employees, and volunteer assistants from any liability whatsoever arising from injury, damage or loss which may be sustained by the above-named person due to complications from the above-described medical condition during the Summer Intensive.

Participant Printed Name

Participant Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

This information is for use by Ballet Magnificat! staff, teachers and counselors and is not shared with students unless it is necessary for the safety of the participant (as in severe nut allergies).



Ballet Magnificat! SDI
5406 I-55 N
Jackson, MS 39211

(phone) 601 977 1001
(fax) 601 977 8948

Dear Pastor,

_____ has applied for a Financial Aid Scholarship to our 2017 Summer Dance Intensive. In order for the student's application to be considered, we require a personal recommendation from his/her pastor. Please include in your letter the length of time you have known the student.

Please mail or fax this letter to us at the above address, to be received by us no later than February 17, 2017.

Sincerely,

Ballet Magnificat!
Workshop Department



Ballet Magnificat! SDI
5406 I-55 N
Jackson, MS 39211

(phone) 601 977 1001
(fax) 601 977 8948

Dear Teacher,

_____ has applied for a scholarship to our 2017 Summer Dance Intensive. In order for the student's application to be considered, the enclosed recommendation form must be filled out and received by our office no later than February 17, 2017. Your answers to all questions will be confidential, so please be as honest as possible.

Sincerely,

Ballet Magnificat!
Workshop Department

Teacher Evaluation Form (Due Feb 17)

Please type or print clearly

Student's Name _____ Session Attending _____ 1st _____ 2nd _____ 4-wks

Teacher's Name _____

Teacher's Phone _____

How long have you been the student's teacher? _____

How many days per week does the student take class _____ Hours per day? _____

Specify types of dance (i.e. ballet, jazz, tap, etc.) _____

Are any of these combination classes? Please explain. _____

Does the student maintain consistent class attendance? Yes No If not, explain. _____

What is the student's classroom attitude and relationship to other students? _____

Does the student participate in any other activities that conflict with dance training? (i.e. swim team, cheerleading, etc.) Yes No If so, what? _____

Please give a brief history of the student's progress under your instruction. _____

What are the student's strengths? _____

Areas for improvement? _____

Physical difficulties? _____

Any known eating disorders? (past or present) If so, explain. _____

What would you like to see your student accomplish at our workshop? _____

Teacher's Signature _____ Date _____

Please mail to:

Would you like to be added to our mailing list?

Ballet Magnificat!
Summer Dance Intensive
5406 I-55 N
Jackson, MS 39211

_____ Email address

Fax: 601 977 8948

_____ Mailing address

CONFIDENTIAL RECORD

Medical Emergency Release (Due April 28)

Please fill out completely.

Parent is called immediately if student must be taken to the doctor.

Student's Name _____ Date of Birth _____

Address _____

Medical Insurance Carrier _____ Policy # _____

Insured's Name and Date of Birth _____

REQUIRED: Photocopy of current insurance card – attached 8 ½ x 11 with front and back of card.

REQUIRED: Photocopy of prescription card if separate from medical insurance card – attached.

Current Physician's Name (please print) _____

Physician's Office Phone _____ After-hours emergency # _____

EMERGENCY CONTACT (This is the person we will call if we must take student to the doctor):

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship _____

ALTERNATE EMERGENCY CONTACTS:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

CREDIT CARD INFORMATION This must be filled out for all students, as it is used for emergency room visits, doctor visits and prescription drugs. If Ballet Magnificat! personnel get billed by the medical facility, I give Ballet Magnificat! permission to run the charge, plus a 5% processing fee, on my credit card when necessary.

Card Type: Visa MasterCard American Express Discover

Card # _____ - _____ - _____ - _____ Exp Date ____/____ CVV _____ Zip code _____

Name on card _____ Authorization Signature _____

CONSENT FOR TREATMENT

I/We hereby agree to the performance of such treatment, anesthetics, and operations on the above-named person as deemed necessary by the attending physician.

Signature of Applicant

Date _____

Signature of Parent/Guardian (if applicant is under 18)

Date _____

LIABILITY RELEASE

I/We hereby release Ballet Magnificat! and Belhaven University, their agents, employees, and volunteer assistants, from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named person during the Summer Intensive.

Signature of Applicant

Date _____

Signature of Parent/Guardian (if applicant is under 18)

Date _____

****This form to be filled out by the Student's physician or healthcare practitioner responsible for student's health and well-being.****

Student's Name _____

The above-named student has applied for participation in Ballet Magnificat!'s Summer Dance Intensive. This program will require good health and endurance. Please fill out the form below and make any additional comments. Thank you.

1. Would he/she be able to participate in daily dance classes (4 – 6 hours)? Yes No (if no, explain)

2. Is he/she under a doctor's care at this time for any reason, or is he/she taking any medications?

Yes No (if yes, explain) _____

3. Is he/she on a special diet? Yes No (if yes, explain) _____

4. Does he/she have any eating disorders? _____

5. Has he/she had any problems with any of the following:

ALLERGIES	YES	NO			YES	NO
Penicillin				Back problems		
Sulfonamides				FEMALES ONLY		
Serum				Irregular periods		
Food – please specify				Severe cramps		
Other – please specify				Excessive flow		

6. Would you consider the applicant to be in generally good health? _____

Please use the back of this form to make any additional comments regarding the applicant's health or special limitations affecting physical, mental, or emotional capabilities.

Print Name _____ Physician Nurse Practitioner

Address _____ Phone _____

How long have you been the Applicant's healthcare provider? _____

Signature _____ Date _____

Title _____

Transportation Form (Due April 28 – Late Fee applies after this date
DO NOT send or email ticket information – you MUST complete this form)

Name _____

AIRPLANE GREYHOUND AUTO AMTRACK

UNACCOMPANIED MINOR – This does not mean that you are a minor who is flying, but does mean that the airline you are flying with considers you an official Unaccompanied Minor and you will be released, when you arrive, to a designated person only and must have an adult check you in and sit with you until you board when departing. Usually the airline charges a fee for this service. Check this box **ONLY** if you fall within this classification.

Unaccompanied Minors ONLY: Please call the office for the name of the person who will greet you at the airport.

Please fill out the following **COMPLETELY**, listing all connecting flights.

TRIP TO JACKSON: Airline _____
(circle either AM or PM time)

Departure Date	Departure Time	Flight # (bus/train #)	From (city)	To (city)	Arrival Time
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

TRIP HOME: Airline _____
(circle either AM or PM time)

Departure Date	Departure Time	Flight # (bus/train #)	From (city)	To (city)	Arrival Time
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

EXAMPLE: Airline American

Departure Date	Departure Time	Flight # (bus/train #)	From (city)	To (city)	Arrival Time
Trip to Jackson:					
MM/DD	8:30 AM	2308	Denver, CO	Houston, TX	10:00 AM
MM/DD	1:15 PM	1462	Houston, TX	Jackson, MS	2:45 PM
Trip Home:					
MM/DD	9:15 AM	2596	Jackson, MS	Houston, TX	10:45 AM
MM/DD	12:00 PM	3404	Houston, TX	Denver, CO	3:30 PM

Auto – riding with Parents Other _____

Arrival in Jackson : Date _____ Estimated Time of Arrival _____ AM/PM

Departure from Jackson: Date _____ Estimated Time of Departure _____ AM/PM

- o YES, I will need transportation **FROM** the airport/station (ON-CAMPUS PARTICIPANTS ONLY).
- o YES, I will need transportation **TO** the airport/station (ON-CAMPUS PARTICIPANTS ONLY).
- o **NO**, I will **NOT** need Ballet Magnificat!’s transportation assistance on arrival/departure days.
If you are 18 or older, will you have your own car on campus? YES NO

Authorization to Administer Medication – Students Under 18

Student's Name _____

All medications for minor students will be kept by the student's counselor. I give permission for the staff of Ballet Magnificat! Summer Dance Intensive, including staff, teachers, and counselors, to administer/apply the following medications:

Non-Prescription:

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Benadryl or other antihistamine | <input type="checkbox"/> Acetaminophen |
| <input type="checkbox"/> Pepto-Bismol for upset stomach | <input type="checkbox"/> Betadyne as an antiseptic wash |
| <input type="checkbox"/> Imodium AD for diarrhea | <input type="checkbox"/> Neosporin |
| <input type="checkbox"/> Caladryl Lotion | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Dayquil <input type="checkbox"/> Nyquil | <input type="checkbox"/> Insect bite/itch cream |
| <input type="checkbox"/> Cough Suppressant/Expectorant | <input type="checkbox"/> Antidiarrheal medication |
| <input type="checkbox"/> Vitamins you supply (list _____) | |

Prescription:

Include name of drug, dosage, time taken each day, condition treated for and possible side effects. Attach separate sheet if necessary.

Name of Medication	Dosage	Specific times taken each day	Reason for taking and side effects
		am/pm _____	
		am/pm _____	
		am/pm _____	
		am/pm _____	

- All medications (prescription and non-prescription) must be in original containers or manufacturer's packages.
- Bring enough to last the entire time at camp.
- No laxatives or weight loss supplements are allowed.

Student has permission to keep the following medications and take at their discretion:

- | | |
|--------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Benadryl, Dayquil, or other antihistamine | <input type="checkbox"/> EpiPen |
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Asthma Inhaler |
| <input type="checkbox"/> Ibuprofen | |

Immunizations are up-to-date

_____ Have you been exposed to any communicable diseases within the past 30 days?

_____ Have you been outside the country in the 30 days preceding the workshop? If yes, where?

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date