

×2-week students ×on-campus students ×Covers tuition only. Student responsible for room/board fees

To be eligible, we must receive ITEMS 1-8 as a single packet and ITEMS 9 and 10 individually by March 13, 2009 (*any application or paperwork received after this deadline will not be considered*).

1. SCHOLARSHIP APPLICATION FORM, 2 pages, completed in full.
2. \$50 APPLICATION FEE, non-refundable.
3. SERIOUS MEDICAL CONDITION FORM.
4. FULL BODY DANCE PHOTO in profile - 1st arabesque en pointe for ladies, demi-pointe for men. Ladies in leotard and tights, men in black tights and tight-fitting white t-shirt. No costumes or skirts. No larger than 3" x 5".
5. 2 - PHOTOS - head shots. No larger than 3" x 5".
6. ONE-PAGE ESSAY – typed, about what dance means to you and why you want to attend this workshop.
7. LAST PAGE OF YOUR PARENTS' IRS FILING showing total taxable income
-- All financial information will be kept confidential and destroyed once scholarships are placed.
8. APPLICATION CHECKLIST, INITIALED (make a photocopy for your records).

Please have items 9 and 10 mailed directly to our office by your pastor and teacher, received by March 13:

9. PASTOR'S RECOMMENDATION LETTER as a personal reference. Give Request 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 to your teacher together with a stamped envelope addressed to Ballet Magnificat.

- All applications received by **March 13, 2009**, will be submitted to a review committee.
- Final notification of scholarships will be emailed from our office by **March 27, 2009**.
- **PLEASE DO NOT CALL OUR OFFICE FOR AWARD INFORMATION unless you have not received a letter from us by April 3rd.**
- If you are awarded a scholarship, you must contact Ballet Magnificat! **by April 17, 2009**, to accept or decline the scholarship award.
- If you do not receive a scholarship, you must notify Ballet Magnificat! **by April 17, 2009**, of your decision **to attend/not attend** the workshop.
- Scholarship money is awarded for tuition only and you will be responsible for room & board fees.

Scholarship Application Checklist

Incomplete applications will not be accepted.

Parent and Student, please initial the following and return this list with your application.

Parent Student

\$50 Application Fee

Scholarship Application Form, consisting of 2 pages

Serious Medical Condition Form

3 Photo's (1st arabesque & 2 Head Shots)

Essay

IRS filing – Last page showing net income

Teacher evaluation form has been given to only one of my teachers, and I understand that it must be received by Ballet Magnificat! no later than March 13, 2009.

Pastor Recommendation Letter request has been given to my pastor, and I understand that it must be received by Ballet Magnificat! no later than March 13, 2009.

Forms addressed to: Workshop Scholarship

Ballet Magnificat!
5406 I-55 North
Jackson, MS 39211

I understand that to protect my scholarship eligibility, my application must be received by Ballet Magnificat! no later than **March 13, 2009**, and that I must mail it in advance to meet this deadline.

I understand that Ballet Magnificat! will notify me **by email by March 27th**, of its decision on my scholarship application and that no phone inquiries will be allowed prior to April 3rd.

I understand that if I am awarded a scholarship, I must contact Ballet Magnificat! **by April 17, 2009**, to accept or decline the scholarship award.

I understand that if I do not receive a scholarship, I must notify Ballet Magnificat! **by April 17, 2009**, of my decision **to attend/not attend** the workshop.

I understand that scholarship money is to be used toward tuition only and that I will be responsible for room & board fees.

Student: Print Name

Parent/Guardian: Print Name

Student: Signature

Date

Parent/Guardian: Signature

Date



Financial Aid Scholarship Application

(please print clearly)

Eligibility: × 2-week on-campus students • Check one: June 27 – July 11 July 11 – July 25

Student Information:

Student's Full Name: _____ Prefer to be called: _____

Date of Birth: ____/____/____ Age on June 27 2009: _____ Height: _____ Weight: _____

Mailing Address: _____

City/State/Zip: _____

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 _____

If 18 or over: Student Phone Numbers - Check the number that is the Daytime number we should call

Home (____) _____ Work (____) _____

Cell (____) _____

Siblings & their ages: _____

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

T-Shirt Size – Adult Sizes: Small Medium Large Ex Large

How did you hear about the Workshop? Friend Performance Internet Magazine name _____

How will you be arriving? Car Airplane Other: _____ Undecided

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 Request: _____ (name of person you are requesting)

If you are requesting a roommate:

× He/she must be within 2 years of your age × Both of you must request each other

× You can submit only 1 name

× Ballet Magnificat! must receive both application packets together in one mailing. The only exception to this is if you live in different cities. Then your packets must arrive with a letter stating this fact and the two application packets must then arrive within 7 days of each other.

I understand that students are expected to maintain the highest standards of conduct at all times. As a participant in the Ballet Magnificat! Summer Workshop, I will be willing to adhere to the guidelines and rules of the workshop.

Student's Signature

Date

Parent's/Guardian's Signature (if student is under 18)

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

Account Information:

If 18 or over, person responsible for payment of your account: Student Parent/Guardian

Name of person you wish the account to be under:

_____ Mother Father Guardian Student

Mailing Address: _____

City/State/Zip: _____

Parent/Guardian Phone Numbers - Check the number that is the Daytime number we should call

Home (____) _____ Work (____) _____

Cell (____) _____

Email Address to which you want account statements sent: _____

Academic History:

School currently enrolled in: _____

This is a: Public School Private School Home School College Current Grade: _____

If College, Area(s) of Study: _____

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:

Have you had any injuries this year? yes no If so, give a brief description: _____

Do you have any chronic/recurrent injuries or difficulties? yes no If so, describe: _____

Are you under a doctor's care at this time? yes no

Personal Testimony:

Church Affiliation: _____

Do you consider yourself to be a Christian? yes no If so, 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? _____

Serious Medical Conditions – Must be completed by all

Due by March 13

Not applicable for this student.

Participant has serious medical condition and form is completed below:

Participant's Name: _____

If participant has a serious medical condition that we need to be aware of, please complete below. Some that we have dealt with in the past have been: severe nut allergy, epilepsy, diabetes, and eating disorders.

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.

Thank you for your assistance in this matter.

Medical Condition(s) _____

Participant carries an EpiPen

Medication(s) Participant will be taking during workshop: _____

Special Instructions: _____

LIABILITY RELEASE I/We hereby release Ballet Magnificat!, Belhaven College, 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 Workshop.

Participant Signature

Signature of Parent/Guardian

Participant Printed Name

Parent/Guardian Printed Name

Date: _____

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!*



5406 I-55 North
Jackson, MS 39211

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

Dear Teacher,

_____ has applied for a scholarship to our 2009 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 March 13, 2009. Your answers to all questions will be confidential, so please be as honest as possible.

Sincerely,

Brenda Holden
Workshop Department
Ballet Magnificat!

Teacher Evaluation Form (Due March 13)
Please type or print clearly.

Student's Name: _____

Teacher's Name: _____

Teacher's Phone: _____

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

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

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

Are any of these combination classes? Please explain. _____

Does student maintain consistent class attendance? yes no If not, explain. _____

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

Does 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 student's strengths? _____

Areas for improvement? _____

Physical difficulties? _____

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

Does student have a realistic view of his/her abilities? yes no If not, explain. _____

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

Teacher's Signature _____ Date _____

Would you like to be added to our workshop mailing list? YES NO

Address: _____

Please mail to: Ballet Magnificat!, Workshop Scholarship, 5406 I-55 North, Jackson, MS 39211
FAX: 601-977-8948

Ballet. *Magnificat!*



5406 I-55 North
Jackson, MS 39211

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

Dear Pastor,

_____ has applied for a financial aid scholarship to our 2009 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 March 13, 2009.

Sincerely,

Brenda Holden
Workshop Department
Ballet Magnificat!