

# THEATRE WINTER HAVEN'S COMMUNITY DANCE CENTRE

## 2018-2019 Scholarship Request Information

- Please complete a separate Scholarship Request Form for each dancer requesting a scholarship.
- Each household must submit **ONE** of the following verification forms.
  - Copy of most recent W-2 or 1099 forms
  - Copy of most recent Tax Return
  - Copy of AFDC/Food Stamps Information
  - Copy of SSI Information

### Income Thresholds for Scholarship Qualifications

Household Size	100% Scholarship	50% Scholarship
2	\$0.00 – \$24,372.00	\$24,372.01 – \$32,496.00
3	\$0.00 – \$30,636.00	\$30,636.01 – \$40,848.00
4	\$0.00 – \$36,900.00	\$36,900.01 – \$49,200.00
5	\$0.00 – \$43,182.00	\$43,182.01 – \$57,576.00
6	\$0.00 – \$49,446.00	\$49,446.01 – \$65,928.00
7	\$0.00 – \$55,710.00	\$55,710.01 – \$74,280.00
8	\$0.00 – \$61,992.00	\$61,992.01 – \$82,656.00
9	\$0.00 – \$68,274.00	\$68,274.01 – \$91,032.00
10	\$0.00 – \$74,556.00	\$74,556.01 – \$99,408.00

Households that do not qualify for a 100% scholarship will automatically be considered for a 50% scholarship.

Please direct all questions and submit completed Scholarship Request Forms with income verification attachments to:

**Sara Beth Reynolds, Development Director**  
863.294.7469 ext. 105 | sarabeth@theatrewinterhaven.com

# THEATRE WINTER HAVEN'S COMMUNITY DANCE CENTRE

## 2018-2019 Scholarship Request Form

Please complete a separate form for each individual dancer.

### 1 - Background Information

Name of Dancer	
Household Size	
Parent/Guardian Name	
Contact Number	
Email Address	
Mailing Address	
City, State, Zip	

### 2 - Income Verification (Select One)

<input type="radio"/> Copy of most recent W-2 or 1099 forms
<input type="radio"/> Copy of most recent Tax Return
<input type="radio"/> Copy of AFDC/Food Stamps Information
<input type="radio"/> Copy of SSI Information

### 3 - Needs

<input type="radio"/> 50% Scholarship	<input type="radio"/> 100% Scholarship		
<input type="radio"/> Dance Attire			
<input type="radio"/> Dance Shoes (sizes come in child (C) or Adult (A))			
Size:	<input type="radio"/> Ballet	<input type="radio"/> Jazz	<input type="radio"/> Tap

### 4 - Signature

I have read and understand the enclosed information. I affirm that the information provided on this Scholarship Request Form and in any supplemental materials provided is complete and accurate to the best of my knowledge. I understand that this is a scholarship request and must be processed by Theatre Winter Haven staff before a final decision is made.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent or Gaurdian

\_\_\_\_\_  
Date

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