



NEED-BASED SCHOLARSHIP APPLICATION

This Need-Based Scholarship Application consists of three parts: Part I – Applicant History, Part II – Financial Information (including a copy of your most recent 1040 tax form, I-20 form for international students, or other proof of income if you do not file taxes), and Part III Scholarship Program Proposal. It is the responsibility of the applicant or applicant's parent/guardian to see that all items are complete and returned to Right 2 Rhythm. Only complete applications will be considered. All information is strictly confidential. Scholarships are awarded based on money available, number of applicants, and applicant need. We endeavor to award as much as possible within these criteria.

PART I. APPLICANT HISTORY

INFORMATION ABOUT STUDENT TO RECEIVE SCHOLARSHIP

Name of Student to Receive Scholarship: _____				
		Last	First	
Address: _____				
Street/Apt #	City	State	Zip	
Date of Birth: _____	Home Phone: _____	Work or Cell: _____		
E-mail address: _____				
_____			_____	
School			Grade Level	

INFORMATION ABOUT PARENT/GUARDIAN(S) OF MINOR STUDENTS

Name of Parent or Guardian: _____		Relationship to Student: _____	
Address: _____			
Occupation: _____		Employer: _____	
Email: _____		Home Phone: _____	
Name of Parent or Guardian: _____		Relationship to Student: _____	
Address: _____			
Occupation: _____		Employer: _____	
Email: _____		Home Phone: _____	

Contact us:

Phone: 714-642-2201

Email: right2rhythm@hotmail.com

<http://nndance.com/dance-marathon>

Right 2 Rhythm is a non-profit which provides funds for children who are otherwise without the means to take dance lessons. It seeks to inspire full self-expression, confidence, and healthy body image, through dance, for all children. The organization seeks to promote this possibility through partnering with existing organizations, providing assistance to schools that have lost arts funding, and by providing individual scholarships to at-risk youth.



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**PART II. FINANCIAL INFORMATION
DOCUMENTED PROOF OF ANNUAL FAMILY INCOME IS MANDATORY**

Section 1. Total Household Gross Income (include form 1040, 1040A, 1040EZ, I-20)					
1. Adjusted Gross for Last Completed Tax Year: \$ _____ Year: _____					
2. Estimated Adjusted Gross for Current Tax Year: \$ _____					
3. Number of Persons in Household Supported by this Income: _____					
4. Names of Everyone in Household	Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				5. Check if NO income.
	Net Earnings (after deductions)	Welfare, child support, alimony	Pensions, Retirement, Social Security	All Other Income	
(Example) <i>Jane Smith</i>	\$200/weekly _____	\$200/weekly _____	\$200/weekly _____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
Section 2. Additional Expenses					
1. Please list and explain any additional expenses not reflected in adjusted gross income:					
2. Please explain any other special circumstances that bear on your need for Scholarship assistance. Also, if you expect a change in income (up or down) this academic year please note here (attach a separate page if necessary):					
Section 3. Signature and Social Security Number of Person Completing Form (Adult must sign)					
An adult household member must sign the application. The adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.					
<i>I certify (promise) that all information on this application is true and that all income is reported.</i>					
Sign here: X _____		Print name: _____			
Social Security Number: _____ - _____ - _____				<input type="checkbox"/> I do not have a Social Security Number	

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PART III. SCHOLARSHIP PROGRAM PROPOSAL

Section 1. Type of Program Please Select One: <input type="checkbox"/> Community program <input type="checkbox"/> Class at dance school or academy <input type="checkbox"/> Dance instructional class at a formal college or university <input type="checkbox"/> Private instruction from a professional instructor <input type="checkbox"/> Other (Please describe) : _____
Dates of Program: _____ Approximate Cost: _____
Section 2. Student Demonstration of Interest and Ability to Participate <i>Please have the student describe why they are interested in dance or dance appreciation and what they hope to learn or accomplish. Also describe how the student and parent/guardians are committed to attending/supporting all designated classes and doing all work required by the selected program. (Please attach additional pages, if needed.)</i>
Section 3. Agreements of Right 2 Rhythm, Scholarship Applicant, and Parent/Guardian <i>Right 2 Rhythm obligates the Scholarship Applicant and Parent/Guardian to use the scholarship funds only for the purposes for which the scholarship was made. Right 2 Rhythm will also require periodic written reports concerning the use of scholarship funds, and will require a final written report and an accounting of how scholarship funds were used. This will include a required sign-off by the administering dance professional verifying that the funds were used as documented, that the student attended all required sessions or otherwise made-up agreed upon sessions, and that all agreed upon and appropriate payments were made to the administering dance professional for services provided. It will also include an exit interview to determine that the child is receiving benefits of the program. The Scholarship Applicant and Parent/Guardian acknowledge Right 2 Rhythm's authority to withhold and/or recover scholarship funds in case such funds are, or appear to be, misused.</i>
Scholarship Applicant: Sign here: X _____ Print name: _____
Parent/Guardian: An adult household member must sign the application. Sign here: X _____ Print name: _____

For Office Use Only: Date Received: _____ Award: Y/N _____

Submit completed application with registration form and required documentation to Right 2 Rhythm, 7782 15th St. Apt. C, Westminster, CA 92683. You will be contacted by phone and letter with amount of award.

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