



SCHOLARSHIP APPLICATION

updated 08/2021

APPLICATION DEADLINE IS - May 31

Applicant's Name (Student): _____ **Age:** _____

Applicant's Date of Birth: _____ **Gender:** _____

Parent's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Parent's Annual Income: _____

Total Annual Household Income (for all adults residing in the household): _____

Do you currently have state health insurance (Medicaid or Husky)? What is your monthly payment?

Have you ever received financial assistance in the past from FVDM or any other organization? If so, when, and what kind?

Please provide an explanation for why you should be given a scholarship.

Additional Comments (Please use additional paper if needed):

To complete your application, it must include the following:

- A copy of all schedules of your most current tax return for the parent(s) or guardian of the applicant. For security, please black out Social Security numbers.

Please mail completed application and all materials to:

FVDM Scholarship Program
c/o Farmington Valley Dance & Music, LLC
PO Box 1103
Farmington, CT 06034

Or email to info@fvdm.org