



**SCHOLARSHIP APPLICATION**

updated 01/2019

**APPLICATION DEADLINE FOR THE 2019-2020 SEASON IS - May 31,2019**

**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 any other organization? If so, when, and what kind?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

**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](mailto:info@fvdm.org)