**Tapology Tap Festival for Youth**

**PARTIAL SCHOLARSHIP APPLICATION (return to: )**

# TAPOLOGY | PO Box 5040 Flint, MI 48505 | Phone 810-787-0197 | Fax 810-789-8666

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_St\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Dance Studio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Submission Deadline: Midnight (12 am on Friday - October 5, 2018

**[Print, fill and sign, attach as cover to scholarship materials listed below.]**

**Scholarship Award Contract: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would like to participate in the Tapology Tap Festival for Youth, held at the Flint Institute of Music. I understand to qualify for a partial scholarship, I must do ALL of the following:**

1. **Return the application signed by myself and my parent/guardian along with:**

* 1. **A short essay on why you should be considered for the Tap Festival Scholarship.**
  2. **Write an essay about one of the visiting artists or an historical tap dancer.**

**\*Both essays should be typed or neatly written\***

1. **Attend all weekend activities that are paid for through this partial scholarship.**

1. **Complete one (1) of the following which must be submitted with your application:**

* 1. **Perform a 30-60 second original percussive dance. You must be able to perform the same dance twice on the video. Attach description of the dance; tell what type of steps or combination is used and how you came up with the dance routine. (send 2 copies of video).**

* 1. **Submit proof of at least 4 hours of Community service. (\*Must be signed by staff member of the organization with staff member’s phone number\*).**

**I understand that this is a partial scholarship. If awarded, I will be entitled to take an “A Package” (value of $425) for the cost of $150.**

**Scholarship Awards are granted on a first come / first served basis. Once awarded, student must register within 5 days to retain scholarship.**

**If the scholarship is not accepted and the student registered within 5 days of notification, the scholarship may be cancelled and awarded to another student.**

**Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Parent / Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_