



T.O.E.S. SUMMER SCHOLARSHIP APPLICATION DUE: MAY 1, 2015

The T.O.E.S. Scholarship (Toe, Tap, Taffeta Opportunity Enrichment Scholarship) has been made available by a generous donation from Cathie Campbell in loving memory of Mrs. Delpha F. Oglesby to be given to an SGB Company dancer for continued professional training during the summer.

STUDENT INFORMATION		
Student Name:		
Street Address:		
City/State/Zip:		Phone:
School:	Grade 2015-2016:	GPA:
SUMMER DANCE PROGRAM INFORMATION		
Name:		
Street Address:		
City/State/Zip:		
Dates Attending:		
Amount of Full Tuition: \$		Amount Requested: \$
FINANCIAL INFORMATION		
1-Parent/Guardian Name:		
Cell Phone:		Work Phone:
Email:		Employed By:
Employer's Address:		
2-Parent/Guardian Name:		
Cell Phone:		Work Phone:
Email:		Employed By:
Employer's Address:		
Average Household Monthly Income: \$		
<small>I certify that the information above is true and accurate. I understand that any falsifications or misinformation will render this contract null and void. If financial assistance is granted, I agree, by accepting this financial assistance, to commit myself to SGB for the entire upcoming 2015-2016 season. I acknowledge that if I break this contract or leave the Company for any reason, I am to immediately reimburse the full amount disbursed to South Georgia Ballet within 15 days of leaving the Company.</small>		
Student Signature Date		Parent Signature Date

Completed applications will only be considered and includes this form as well as the documents below:

- One letter from the *parent(s)* briefly explaining why financial assistance is needed.
- One page letter from the *student* highlighting the dancer's training, dance goals and why the student wishes to participate in the summer program.
- One *letter of recommendation* for the student from a teacher, community leader, church member, etc. that addresses the relationship to the student, the student's character, work ethic and the reason why the student should be considered for this scholarship. This letter should be sent directly to the SGB Executive Director either by mail or email and include name, address, email and phone number of person writing the recommendation.

OFFICE USE ONLY			
Application Form	Parent Letter	Dancer Letter	Recommendation Letter
Current SGB Member: Yes No	Years with SGBC ___ SGB ___	Approved: YES NO	Amount: \$
Reviewed by:		Date:	
Approved by:		Date:	