

# The Dance Ability Movement Bursary Application

## **Contact Information**

| 1. Dancer Name:           |                          |                                      | DOB:                       |  |
|---------------------------|--------------------------|--------------------------------------|----------------------------|--|
|                           | (First)                  | (Last)                               | (dd/mm/yyyy)               |  |
| 2. Parent/Guardian:       |                          |                                      |                            |  |
| (if applicable)           | (First)                  | (Last)                               |                            |  |
| 3. Address:               |                          |                                      |                            |  |
| (Street #)                | (Street)                 | (Town/City)                          | (Postal Code)              |  |
| 4. Telephone #            |                          | E-mail:                              |                            |  |
| Program of Inte           | erest                    |                                      |                            |  |
| 5. How did you hear a     | bout this dance clas     | s?                                   |                            |  |
| 6. Which studio(s) are    | you willing to attend    | J?                                   |                            |  |
| 7. Which program do       | you wish to attend?      | Summer Session Full                  | year (September to May)    |  |
|                           |                          | Daytime Summer Camps                 |                            |  |
| 8. Why would you/you      | ır child like to take th | is dance class?                      |                            |  |
|                           |                          |                                      |                            |  |
| 9. Is your child particip | pating in any other co   | ommunity leisure programs? If yes, p | ease list:                 |  |
| Available Reso            | ources                   |                                      |                            |  |
| 10. Do you receive fur    | nding through any ot     | her resources?                       |                            |  |
| Special Services at       | t Home (SSAH)            | President's Choice Canad             | an Tire JumpStart!         |  |
| Jennifer Ashleigh         | Easter Seal's            | Developmental Services Onta          | rio/Passport Other:        |  |
| 11. Have you applied      | to all relevant source   | es listed above? Yes No              |                            |  |
| If not, how come?         | )                        |                                      |                            |  |
| 12. What is your annu     | al household income      | e?                                   |                            |  |
| Signature of individual   | I completing form        |                                      | Date:                      |  |
| For Office Use – Da       | te Received:             |                                      |                            |  |
| Pro                       | ocessed by:              | Amount                               | Provided: Page <b>1</b> of |  |



#### **Submission Instructions**

- 1. Please complete all sections of the application. By signing page 1 of this document you confirm that all information provided is accurate to the best of your knowledge.
- The amount of subsidy provided through this bursary is not set at a specific amount but is dependent on the need of each individual, the availability of funding, and the number of bursaries being provided.

### **Application Deadline**

- Applications to be submitted at registration for desired program/class; must be received 14 days prior to start of first class. Applications received later will be assessed as time/funding permits.
- 4. Families will be asked to make a \$50 deposit to reserve their child's spot in the class at registration appointment, in addition to the \$35 registration fee for new participants.
- 5. Bursary amount to be determined and communicated to family prior to start date of first class. Outstanding amount owed by family will be communicated prior to start of first class.

#### **Submit Your Application**

6. Please submit your application in person to Mallory or Jade at registration appointment. Application may also be sent via e-mail to <a href="mailto:contact@danceabilitymovement.com">contact@danceabilitymovement.com</a> (please note this is not a secure e-mail network, please password protect the document and provide password in a separate email or voicemail).

#### **Acknowledgements**

The Dance Ability Movement would like to acknowledge that this bursary has been made possible by the generous donations of our donors & sponsors.

| For Office Use – Date Received: |                  |                           |
|---------------------------------|------------------|---------------------------|
| Processed by:                   | Amount Provided: | Page <b>2</b> of <b>2</b> |