

Ballet Scholarships Available!



NO EXPERIENCE NECESSARY!

Only 12 scholarships will be awarded.

Boys or Girls in grades 2nd to 8th are eligible to apply!

Scholarships include (Spring 2024 semester tuition, registration & performance fees, providing one set of class attire and performance costumes)

**GALVESTON
BALLET**

How to Apply:

1. Please fill out the Student Information and Questionnaire – **DO NOT leave any answer blank.**
2. Request letter of recommendation from **2** teachers (give all application material to teachers).
3. Return application to Galveston Ballet by **Friday: December 1st, 2023** one of the following ways:
 - **Mail** Application/Recommendations to: **Galveston Ballet (Attn: DIS Application)**
PO BOX 594
Galveston, TX 77553
 - **Personally Drop Off** Application/Recommendations at **2301 Market Street STUDIO**
 - **Email** Scanned Application/Recommendations to **Galveston_Ballet@att.net**
4. Questions? Email **Galveston_Ballet@att.net** or TEXT **(409) 599-6514**

Thank you and good luck!

**** Keep UPPER half of this page for your records ****

****Complete, cut, and return LOWER half of this page with application/questionnaire & 2 Recommendation Letters****

(cut here and return below)

Dance-in-Schools Scholarship Application - Student Information

Student's Name _____

Parent/Guardian Name _____

Phone _____ Okay to text? Y____ N____

Address _____

Email _____

Date of Birth _____ Age _____

School _____ Grade _____

Qualifies for free or reduced lunch? Y____ N____

Please circle: BOY or GIRL

Shirt Size _____ Pants Size _____ Shoe Size _____

Scholarship entries must be received by Friday, December 1st, 2023

Dance-in-Schools Scholarship Application - Questionnaire

Student's Name _____

1. Have you previously applied for a Dance-in-Schools scholarship? Y____N____

(If No, skip to question 2)

If Yes, did you receive a scholarship? Y____N____

If Yes, did you participate? Y____N____

If No, please explain why and what you will do differently this year. _____

2. Have you ever taken dance classes or are you currently in a dance program?

Y____ N____

If Yes, what program? _____

3. Do you have any performance experience? Y____ N____

If Yes, Please list the type of performance such as musical, play, choir, dance recitals, and organization. _____

4. Please write an essay explaining why you want to take ballet classes and anything else you would like to say about yourself that shows you would be a good choice for Galveston Ballet (50 – 200 words, use additional paper if needed).

Applications will be evaluated based on completeness of written responses and teacher's evaluation.

I support my child's scholarship application to Galveston Ballet and agree to provide transportation to and from ballet classes, rehearsals and shows.

Parent's Signature

Date



Teacher Recommendation Form *Scholarship Application*

Student's Name _____ Grade _____

Teacher's Full Name _____

School Attending _____

The following is a required teacher recommendation form for applying to the Galveston Ballet Scholarship Program. This is a confidential evaluation - please return by **December 1st, 2023** via any method below:

- **Mail to:** [Galveston Ballet \(Attn: DIS Application\)](#)
[PO BOX 594](#)
[Galveston, TX 77553](#)
- **Personally Drop Off** at Galveston Ballet's [2301 Market Street - DANCE STUDIO](#)
- **Email to** Galveston_Ballet@att.net

Please rate the student on a scale from 1 – 5 on the following:
(e.g. 5=Always, 4=Usually, 3=Sometimes, 2=Rarely, 1=Never)

1. Punctual to class and with assignments	1	2	3	4	5
2. Shows respect to adults	1	2	3	4	5
3. Shows respect to peers	1	2	3	4	5
4. Has good attendance	1	2	3	4	5
5. Shows a desire to learn and improve	1	2	3	4	5
6. Has a good overall attitude	1	2	3	4	5
7. Demonstrates proper classroom behavior	1	2	3	4	5

Please comment on your overall impression of this student's desire to learn ballet and ability to follow through on **a 6-months commitment**, including access to transportation to weekly classes, required rehearsals and performances. (Use additional paper or write on the back if needed).

Teacher's Signature: _____ Date: _____



Teacher Recommendation Form

Scholarship Application

Student's Name _____ Grade _____

Teacher's Full Name _____

School Attending _____

The following is a required teacher recommendation form for applying to the Galveston Ballet Scholarship Program. This is a confidential evaluation - please return by **December 1st, 2023** via any method below:

- Mail to: **Galveston Ballet (Attn: DIS Application)**
PO BOX 594
Galveston, TX 77553
- Personally Drop Off at Galveston Ballet's **2301 Market Street - DANCE STUDIO**
- Email to **Galveston_Ballet@att.net**

Please rate the student on a scale from 1 – 5 on the following:
(e.g. 5=Always, 4=Usually, 3=Sometimes, 2=Rarely, 1=Never)

8. Punctual to class and with assignments	1	2	3	4	5
9. Shows respect to adults	1	2	3	4	5
10. Shows respect to peers	1	2	3	4	5
11. Has good attendance	1	2	3	4	5
12. Shows a desire to learn and improve	1	2	3	4	5
13. Has a good overall attitude	1	2	3	4	5
14. Demonstrates proper classroom behavior	1	2	3	4	5

Please comment on your overall impression of this student's desire to learn ballet and ability to follow through on **a 6-months commitment**, including access to transportation to weekly classes, required rehearsals and performances. (Use additional paper or write on the back if needed).

Teacher's Signature: _____ Date: _____