



## SCHOLARSHIP PROGRAM

Austin Ballroom Dancers exists to promote enjoyment of social dancing for people of all ages. To encourage young people to discover the joys of dancing, we have established the ABD Scholarship Program.

ABD scholarships are available to junior high or high school students 18 and under who could not otherwise afford to attend our dance classes.

Only 10 scholarships will be available at any given time.

A scholarship provides free unlimited classes for a period of six months and is renewable for another six-month period. After one year of scholarship-funded classes a student may not receive another scholarship for one full year.

If a student is not regularly attending classes during a scholarship period, that scholarship may be suspended at the Board's discretion to make room for other students who may need scholarships. The student should submit a written request to a board member to obtain a temporary suspension of scholarship benefits because of vacation or other absence from classes.

A scholarship candidate must be an ABD member.

Membership is \$50 for one year (Feb. 1 – Jan. 31), \$30 for six months (Feb. 1 – July 31, Aug. 1 – Jan. 31); otherwise prorated at \$5/month.

Scholarship forms are available from ABD board members or on the ABD Web site.

Scholarships cover the costs of classes only, not the Saturday night dances.

A scholarship candidate must:

- Provide a parental consent form if under age 18
- Read and agree to comply with the ABD Code of Conduct
- Demonstrate reasonable financial need

The ABD board of directors encourages scholarship recipients to invite their friends to sign up for dance classes and share the fun.

To apply for a scholarship:

1. Obtain an application from a board member or on the ABD Web site:  
<http://www.austinballroomdancers.org/>
2. Fill out the form and submit it to a board member along with the parental consent form if you're under 18



## DANCE CLASS GUIDELINES

Austin Ballroom Dancers is a social dance club dedicated to providing an enjoyable dance experience for its members and guests. These guidelines are a list of good manners and acceptable behavior.

1. Please don't talk excessively in class while the instructor is talking.
2. Please turn off your cell phone's ringer during class.
3. Please arrive for class a few minutes early if possible so you won't disrupt the class by coming in late. If you can't help being late, please come in quietly.
4. It's more than likely that you will be in close proximity to others during class, so please make sure your breath isn't offensive and your deodorant is working. Even if your perfume or cologne is nice, too much can be overpowering, and some people might be allergic to it.
5. Be open to switching dance partners during your class. You and your partner will learn more that way.



## SCHOLARSHIP APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: (please print carefully) \_\_\_\_\_

Emergency Contact: (Name, address, phone, relationship)

\_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Current ABD Membership Dates: From \_\_\_\_\_ to \_\_\_\_\_

Scholarship term requested: \_\_\_\_ 6 months \_\_\_\_ 1 5-week session

Have you read the ABD Code of Conduct and do you agree to comply with it?

\_\_\_\_\_  
(Yes or No) Initials

Do you understand that you will be taking ABD dance classes at your own risk and that neither ABD nor Hancock Recreation Center will be liable if you are injured on the premises?

\_\_\_\_\_  
(Yes or No) Initials

By my signature below I confirm that all the information I have provided is true.

\_\_\_\_\_  
Signature of Applicant

**AUSTIN BALLROOM DANCERS**

**SCHOLARSHIP PROGRAM**

**PARENTAL CONSENT (If applicant is under 18)**

I have read the Scholarship Guidelines and the ABD Code of Conduct. I hereby give my consent for \_\_\_\_\_ to participate in ABD dance classes with scholarship assistance. I understand that neither ABD nor Hancock Recreation Center will be liable if (he/she) is injured on the premises.

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

Date: \_\_\_\_\_

Phone: \_\_\_\_\_