



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: _____