



## The Ray Moore Scholarship Fund Application Guidelines

**Purpose:** The purpose of the Ray Moore Scholarship Fund is solely to assist students of dance, ages 5-9, with financial aid so that they may receive dance training. The committee considers two areas when making decisions about assistance: 1) The evidence of financial need in the student's family that would make it difficult or impossible for the student to attend class without financial assistance and 2) The student requiring assistance regularly attends class, has a positive attitude about dance and always puts forth an attitude to achieve. The Scholarship Fund is not a reward for dance achievement, but a vehicle to allow all students, regardless of economic circumstance, the ability to have dance training.

### Deadlines to Apply

For tuition needs from August 1 to December 31: August 1  
For tuition needs from January 1 to May 31: December 1  
For tuition needs from June 1 to July 31: May 1  
For the Lorraine Cranford Summer Dance Workshop: May 1

**These are strict deadlines.** Applications received after the deadline will not be reviewed.

### Scholarship Policies

- Tuition for dance class will only be awarded to students and company members attending Western Arkansas Ballet.
- Scholarship applications must be completed for each period a student wishes to receive funding. The "Initial Application Form" must be completed for the first tuition request. Any subsequent request will require completion of the "Re-Application Form."
- All dancers requesting financial assistance must pay all required expenses, including registration fees and tuition, until a decision has been made regarding the request for financial assistance. Should a scholarship be awarded, the dancer's guardians are responsible for paying any expenses or fees, including registration, tuition, dancewear, and any production fees, in excess of the scholarship award in a timely manner throughout the year. Failure to pay expenses or fees in excess of the scholarship award may result in the immediate suspension of the dancer's scholarship award.
- Upon acceptance of a scholarship award the dancer agrees to be fully committed to the activities of the school and/or company. If a student voluntarily withdraws from classes prior to fulfilling their commitment for the semester, all scholarship funds awarded are expected to be repaid to the Ray Moore Scholarship Fund upon withdrawal.
- In order for an application to be considered, all portions of the application form must be completed. It is imperative that the scholarship committee be given the exact amount for which the student is applying. If you need assistance in computing the amount, contact the Executive Artistic Director or Administrator at Western Arkansas Ballet.
- Application forms are available at the Western Arkansas Ballet Studio, or by calling 785-0152.
- The scholarship committee looks favorably on those students who contribute in an appropriate manner to the school and/or company.

**The Ray Moore Scholarship Fund**

**Instructor's Evaluation Form**

**CONFIDENTIAL**

\_\_\_\_\_ has applied for a Ray Moore Scholarship from Western Arkansas Ballet. Appraisals which furnish information on specific qualities of the applicant's character are useful to the committee in order to determine the level of financial aid needed. We appreciate your candid opinion of the applicant's ability. The contents of this evaluation will be kept confidential. No decision can be made regarding the applicant's request until this form has been returned to the review committee.

Please return as soon as possible to:

The Ray Moore Scholarship Fund  
Western Arkansas Ballet  
4701 Grand Avenue  
Fort Smith, AR 72904-7141

1. \_\_\_\_\_ has studied with me for \_\_\_\_\_ years.
2. The student is currently enrolled in our program. \_\_\_\_\_yes \_\_\_\_\_no
3. If no, when did the student last study with you? \_\_\_\_\_

Please comment briefly on:

4. The student's level of strength and technical ability.

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5. The student's motivation and commitment.

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6. The student's potential for progress.

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7. The applicant's general maturity, sense of responsibility, and conduct.

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8. Any other pertinent information regarding the applicant's character and/or dance ability.

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9. Does the applicant have any physical problems or limitations which should be considered?

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10. How would you rate the student's abilities as a dancer?

Outstanding                  Excellent                  Above Average                  Average      Poor

11. How would you rate the student's attitude?

Outstanding                  Excellent                  Above Average                  Average      Poor

To the best of my knowledge, the above information is accurate.

Instructor\_\_\_\_\_

Date\_\_\_\_\_

**The Ray Moore Scholarship Fund**

**Initial Application Form**

Fill out completely. Incomplete forms will not be processed, and will be returned to the applicant for completion.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**FINANCIAL INFORMATION (To be completed by parent/guardian)**

Mother/Guardian's Occupation and Employer \_\_\_\_\_

Mother/Guardian's Total Annual Income \$ \_\_\_\_\_

Father/Guardian's Occupation and Employer \_\_\_\_\_

Father/Guardian's Total Annual Income \$ \_\_\_\_\_

Other Income (alimony, child support, unemployment, other assistance) \$ \_\_\_\_\_

Total number of children living at home \_\_\_\_\_

How much can you afford to pay each month \$ \_\_\_\_\_

**I. Amount of Request**

**Tuition**

If your request is for tuition, please complete the following:

Name of Class	Monthly Class Tuition	Monthly Amount Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Monthly Requested Tuition:</b>		_____

Number of months assistance required \_\_\_\_\_ x Total Monthly Requested Tuition \_\_\_\_\_ =  
(Fall semester = 4 months; Company Fall semester = 5 months; Spring semester = 5 months)

**Total Request \$ \_\_\_\_\_**

**Other Needs**

Check the category for which you are requesting funds and the exact amount of your request.

	<b><u>Amount of Request</u></b>
___ Workshop (other than Lorraine Cranford Summer Dance)	_____
___ Shoes	_____
___ Leotards/Tights	_____
<b>Total Request</b>	_____

If you are denied financial assistance, will this absolutely prohibit your child from dancing this season?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is this dancer involved in any other sports or activities during the ballet season, including school sanctioned sports as well as community programs? Yes \_\_\_\_\_ No \_\_\_\_\_

**II. Statement of Financial Need**

The Ray Moore Scholarship Fund is solely for the purpose of aiding students who are financial unable to meet tuition and supply requirements in order to attend dance class. It is not a reward for achievement, but a vehicle to make dance accessible to everyone regardless of economic circumstance. Please use the space below to state why your child should be awarded financial assistance.

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Please describe the circumstances affecting financial need and the reasons for this request, including any additional conditions that affect your financial position and that you feel the committee should be aware of that are pertinent to your situation.

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**III. Other Activities.**

Please use the space below to record your other activities including church, school, and community.

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**IV. Letters of Recommendation**

Attach two letters of recommendation from instructors or educational advisors. Include the name and address of the sender of each letter below.

Letter of Recommendation #1

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Letter of Recommendation #2

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**V. Dance Experience**

State information about your previous dance instruction below

Studio \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Classes \_\_\_\_\_

Instructor \_\_\_\_\_

Dates enrolled: from \_\_\_\_\_ to \_\_\_\_\_

Studio \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Classes \_\_\_\_\_

Instructor \_\_\_\_\_

Dates enrolled: from \_\_\_\_\_ to \_\_\_\_\_

**VI. Applicant's Statement**

The following best describes how I feel about dance: (In the applicant's own handwriting, using the applicant's own thoughts)

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I hereby certify that all of the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my child from financial assistance. I also acknowledge that I have received and read a copy of the Scholarship Policy and agree to adhere to its provisions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_