



**The Nancy Wood Scholarship Fund  
Lorraine Cranford Summer Dance Workshop Application**

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

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**I. Amount of Request**

Only partial scholarships are available for the Lorraine Cranford Summer Dance Workshop. It is expected that any student attending will privately provide some of the funding.

Total Workshop Tuition \_\_\_\_\_

Amount Paid by Applicant \_\_\_\_\_

**Total Amount Requested** \_\_\_\_\_

**II. Statement of Financial Need**

The Nancy Wood Scholarship Fund is solely for the purpose of aiding students who are financially unable to meet tuition and supply requirements in order to attend dance classes and workshops. **It is not a reward for dance achievement**, but a vehicle to make dance accessible to everyone regardless of economic circumstance. Please use the space below to state why you require financial assistance.

---

---

---

---

**III. Letter of Recommendation**

Attach one letter of recommendation from your current dance instructor. Include the name and address of your instructor below.

Name \_\_\_\_\_

Studio \_\_\_\_\_

Address \_\_\_\_\_

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

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

**IV. Dance Experience**

Two years of dance classes are required to attend the workshop. 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 \_\_\_\_\_

**V. Applicant's Statement**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge the enclosed information is accurate. By signing this form, I formally request that the Scholarship committee review my funding request.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_