



**MARITIME CENTRE FOR AFRICAN
DANCE INC**

PHONE: 902.423.9858
1.855.327.5727
admin@mcafricancamps.com

Afro Dance Week Long Camp 2011

Please send back to P O Box 36152, Halifax, NS, B3J 3S9

*Once you have been chosen, you may be asked to attend an interview to
decide whether you can attend or not.*

SCHOLARSHIP APPLICATION:

FULL NAME:.....

AGE.....

SCHOOL ATTENDED.....
OR OCCUPATION

ADDRESS.....
.....
.....

Phone
Number.....

Email Address.....

Have you attended the Afro Dance Week Long Camp before?

Yes No

Do you have any prior Dance experience (yes or no).....

If yes, what field of dance?

Explain why you want to come to the camp (100 words or less).....

.....
.....
.....
.....
.....

What do you hope to do with the information you receive from the camp (100 words or less)

.....
.....
.....
.....

PARENTS/GUARDIANS: Please include amounts made yearly, with supporting copies of proof of need of financial Aid.

(For parents only) Are you on any financial assistance?

Yes No

Please read and sign:

I attest that the information I have given is true to my knowledge. I also agree to have my name being published as one who is a recipient of a scholarship to attend the Afro Dance Week Long Camp by the Maritime Centre for African Dance. I further understand that my personal information will remain confidential.

NAME (PLEASE PRINT).....

SIGNATURE.....

IF UNDER THE AGE OF 18, PLEASE USE PARENT/GUARDIAN SIGNATURE AND
HAVE PARENT/GUARDIAN PRINT INFORMATION

YOU WILL BE INFORMED BY PHONE IF AN INTERVIEW IS REQUESTED. ANY
FURTHER QUESTIONS SHOULD BE DIRECTED TO
ADMIN@MCAFRICANCAMPS.COM

APPLICATIONS ARE DUE BY MAY 15TH, 2011. HOWEVER, WE ARE CURRENTLY
OPERATING ON A FIRST COME, FIRST SERVE BASIS.