



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 weeklong 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 you receive the scholarship. Any further questions should be directed to info@mcafricancamps.com

Applications are due by June 1st 2008. However, we are currently operating on a first come, first serve basis