



**MARITIME CENTRE FOR AFRICAN  
DANCE INC**

PHONE 855.327.5727

ADMIN@MCAFRICANCAMPS.COM

*Afro Dance Week Long workshop (MILES-ILES QUEBEC – CAMP JACKSON DODDS)*

*Please email back to admin@mcafricancamps.com*

*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 YOU CAN ATTEND THE INTERVIEW. ANY  
FURTHER QUESTIONS SHOULD BE DIRECTED TO [admin@mcafricancamps.com](mailto:admin@mcafricancamps.com)*

*APPLICATIONS ARE DUE BY JULY 10. HOWEVER, WE ARE CURRENTLY  
OPERATING ON A FIRST COME, FIRST SERVE BASIS.*