HAVASU DANCE ALLIANCE

PERFORMING ARTS SCHOLARSHIP APPLICATION

Supporting Young Artists • Strengthening the Performing Arts • Building Community

Havasu Dance Alliance (HDA) supports youth participation and development in the performing arts. Scholarships may assist with specific expenses that advance a young artist's education, training, participation, or performance opportunities. Completion of this application does not guarantee an award. Awards are based on available funding, demonstrated need, the purpose of the request, and Board review.

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1. APPLICANT INFORMATION

Youth Applicant Name: _____

Date of Birth: _____

Age: _____

Grade: _____

Parent/Legal Guardian Name(s): _____

Address: _____

City/State/ZIP: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Performing Arts Discipline: _____

Studio, School, Company, Team, Program, or Organization (if applicable): _____

Instructor/Director (if applicable): _____

2. SPECIFIC SCHOLARSHIP NEED

Describe the exact need for which you are requesting scholarship assistance. Be specific. Examples may include a costume or performance attire, a new or replacement musical instrument, instrument repair or rental, competition registration, convention fees, a master class, clinic, intensive, workshop, performing arts tuition, required equipment or supplies, or another performing arts expense.

_____

_____

_____

_____

_____

Total Cost of the Specific Need: $_____

Specific Amount Requested from Havasu Dance Alliance: $_____

Date Funds Are Needed By: _____

Payment or Registration Deadline (if applicable): _____

3. HOW THE SCHOLARSHIP WILL BENEFIT THE APPLICANT

Explain how this scholarship would support the applicant's performing arts education, training, growth, participation, or future goals.

_____

_____

_____

_____

4. REQUIRED SUPPORTING DOCUMENTATION

Attach documentation that verifies the cost and purpose of the request whenever reasonably available. Examples include an invoice, written estimate, registration page, tuition statement, program acceptance, costume quote, instrument estimate, repair estimate, vendor quote, or other documentation showing the expense.

Describe the documentation attached to this application:

_____
_____
_____
_____

If documentation is not available, explain why:

_____
_____

5. YOUTH APPLICANT STATEMENT

Why are the performing arts important to you, and what would receiving this scholarship mean to you?

_____
_____
_____
_____

Youth Applicant Initials: _____

6. SCHOLARSHIP CONDITIONS & RESPONSIBILITIES

1. Scholarship funds must be used only for the purpose approved by Havasu Dance Alliance.

2. When practical, Havasu Dance Alliance may make payment directly to the studio, school, instructor, competition, convention, vendor, organization, or other provider rather than to the applicant.

3. The applicant or parent/legal guardian may be required to provide receipts or other documentation verifying that scholarship funds were used for the approved purpose.

4. Any unused funds, refunds, credits, or changes affecting the approved expense must be promptly reported to Havasu Dance Alliance.

5. Scholarship recipients are expected to demonstrate respect, integrity, good sportsmanship, and conduct consistent with a positive performing arts community.

Respectful Conduct and Non-Disparagement

As a condition of accepting a Havasu Dance Alliance scholarship, the applicant and parent/legal guardian agree to conduct themselves respectfully toward Havasu Dance Alliance, its Board members, volunteers, donors, sponsors, affiliated studios, companies, organizations, programs, community partners, and other scholarship applicants and recipients.

The applicant and parent/legal guardian agree not to knowingly make or publish false, malicious, defamatory, or intentionally disparaging statements concerning Havasu Dance Alliance or the organizations and individuals described above, including through social media or other public communications.

Nothing in this provision is intended to prevent a good-faith report of misconduct, a legitimate concern, honest communication with Havasu Dance Alliance, cooperation with an investigation, or the exercise of any right protected by law. Havasu Dance Alliance may consider serious violations of these expectations when determining eligibility for future scholarship awards.

7. CERTIFICATION AND AUTHORIZATION

We certify that the information in this application is true and accurate to the best of our knowledge. We understand that Havasu Dance Alliance may request additional information or documentation necessary to evaluate the application. We understand that submitting an application does not guarantee a scholarship and that an award may be less than the amount requested. We authorize Havasu Dance Alliance to contact the listed studio, school, instructor, organization, program, competition, vendor, or service provider when reasonably necessary to verify the information or expense described in this application.

Parent/Legal Guardian Signature: _____
Printed Name: _____
Date: _____
Youth Applicant Signature: _____
Printed Name: _____
Date: _____

8. PHOTOGRAPH & MEDIA RELEASE

Please initial one choice below. Declining the media release will not negatively affect scholarship eligibility.

_____ **YES - I GIVE PERMISSION.** I authorize Havasu Dance Alliance to photograph and/or record the youth applicant in connection with HDA activities, scholarship recognition, performances, events, or programs. I grant HDA permission to use appropriate photographs and/or recordings of the youth applicant on HDA's website, social media accounts, newsletters, promotional materials, community outreach, scholarship recognition, and other lawful nonprofit communications. I understand that content posted online may be viewed or shared by members of the public.

_____ **NO - I DO NOT GIVE PERMISSION.** I do not authorize Havasu Dance Alliance to use photographs or recordings of the youth applicant for the purposes described above.

Youth Applicant Name: _____
Youth Applicant Signature: _____
Date: _____
Parent/Legal Guardian Name: _____
Parent/Legal Guardian Signature: _____
Date: _____

FOR HAVASU DANCE ALLIANCE BOARD USE ONLY

Date Application Received: _____
Amount Requested: $_____
Amount Approved: $_____
Decision: Approved / Partially Approved / Denied / Additional Information Requested
Approved Purpose: _____
Payment Made To: _____
Board Review/Approval Date: _____
Authorized HDA Representative: _____
Signature: _____
Date: _____
Board Notes:
_____
_____