



# Oil Region Ballet

## Scholarship Application

I, \_\_\_\_\_ (printed name)  
have read and understand the conditions of the Oil Region Ballet  
Company's Summer Intensive Scholarship as explained in the Notes to  
Candidates for Scholarship. If selected, I will attend the entire 2024  
Summer Intensive week of instruction. I give my permission for the material  
contained within this application to be shared with the Oil Region Ballet  
Board of Directors for review. I understand that this scholarship will only  
be available to qualified candidates and that this private selection  
process will choose the award beneficiary. I waive the right of access to  
letters of recommendation written on my behalf. I affirm that I have  
reported all material honestly and the information contained herein is true  
and accurate to the best of my knowledge and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(If under age 18 please have a parent or legal guardian read and sign  
the above declaration.)



# Oil Region Ballet

## Scholarship Application

Dancer's Legal Name

(Last) (First) (M.I.)

Address

City State Zip

Home Phone Cell Phone

Age School (If Attending)  
Year in school Dance school attending

(please circle one)  
I live: independently with family with mother with father other

(Please describe other)

Are you are employed? yes/no If yes, part or fulltime? Place of employment

Father's Name Father's Phone

Place of employment  
Part time / Full Time

Mother's Name Mother's Phone

Place of employment  
Part time /Full Time

Have you attended the ORB Summer intensive in the past? yes/no  
Do you have a sibling who is attending this summer intensive as well? yes/no

In what level of dance are you enrolled? Do you dance en pointe? yes/no  
How many hours a week do you dance? Are you able to take the number of classes you desire? yes/no

Do you have any familial affiliation with a current ORB Board member? yes/no  
If yes, please give name & relationship



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PLEASE ANSWER THE FOLLOWING. ADDITIONAL PAPER MAY BE ATTACHED

1. Why should we award this scholarship to you above all other applicants?
2. Do you see yourself dancing after high school?
3. What other dance related programs will you be involved with?

Please list two non-related persons who will give you a verbal or written recommendation

1.) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

In what way do you know this person?

2.) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

In what way do you know this person?

Thank you and good luck!