



Scholarship Application

*To submit a tuition scholarship application, please complete this form and return it to:
gwenl.feldman@neosdancetheatre.org. Thank you!*

Student Name(s): _____ DOB: _____

School: _____ Grade (2019-2020): _____

Classes to be taken: _____

Parent/Guardian Names: _____

Home Address: _____

Email: _____ Primary Phone: _____

Secondary Email: _____ Phone: _____

Please briefly explain how this scholarship will benefit your student & family:

Signature: _____ Date: _____