



THE ATHLETIC GARAGE SCHOLARSHIP PROGRAM

MISSION: It is the goal of The Athletic Garage to provide a quality dance education to those who have the desire, commitment, and the financial need. To develop and enhance their skill so that they may achieve a higher level of ability.

WHY WE DO IT: The Athletic Garage wants to see our students develop and realize their potential and assist in the development of good health habits, which will improve quality of life. We want to create an ambassadorship where the scholarship students assist the studio in many ways which can improve the customer base.

EXPECTATIONS: Dance and Service Requirements.

Dance Class: Ballet, Modern, Jazz, Technique, Hip Hop, Salsa classes. Mandatory classes may change based on evaluations.

Service: cleaning & maintenance, sales & marketing, administrative. 4-5 hours minimum service.

SCHOLARSHIP AGREEMENT: This is a commitment to the Athletic Garage to perform according to expectations. This is a 6 month agreement.

EVALUATIONS: There will be at least 2 evaluations during the 6 month period. Evaluations will be given by the Scholarship Director based on observations and comments of class instructors and the Scholarship Director.

INVITATION TO CONTINUE: This is a 6 month scholarship program starting September through February/March. The Scholarship Director may invite a scholarship student to return for a second term based upon the overall performance and dedication of

the student.



**THE ATHLETIC GARAGE
SCHOLARSHIP PROGRAM
STUDENT INFORMATION SHEET**

Date: _____

Name: _____ Birthdate: _____

Address _____

City _____ Zip _____

E-Mail _____

Phone: HM _____ WK _____ CELL _____

Are you seeking scholarship due to financial hardship? Yes ___ No ___

Please list your availability:

Days of the week: Times:

Please list any special skills that you may have, including sales, marketing,

clerical, computer etc.

Tell us about your Health

Have you ever been advised by a physician not to exercise? yesno

Do you have or have you ever had a history of:

Heart problems or chest pains yesno

High blood pressure yesno

Asthma or breathing difficulties yesno

Knee problems still affecting you yesno

Knee or Hip surgery yesno

Neck or back problems still affecting you yesno

Neck or back surgery yesno

Muscle or joint problems yesno

Hernia yesno

Do you smoke cigarettes yesno

If you answered yes to any of the above questions, please explain in detail.

Tell us about your Dancing

How did you hear about the Athletic Garage?

Tell us about your dance background (How you became interested in dance, your training, how many years, where? etc.)

Are you currently taking dance instruction at another studio and or are you currently part of a Dance Company or Scholarship Program? If yes, where?

Why are you interested in our scholarship program and what do hope to gain?

List some goals that you have set for yourself to accomplish in the next 6 months during this program.

What are your plans for the future? Include your goals and dreams in life.

Are you able to meet the minimum of 10 classes per week requirement? If not please explain why.
