



Deposit Amt. \$ \_\_\_\_ Method \_\_\_\_ Rec/Ck# \_\_\_\_\_

THE BALLET EDUCATION AND SCHOLARSHIP FUND, INC.  
A NON-PROFIT CORPORATION

P. O. Box 2146  
St. James, New York 11780  
(631) 584-0192, Fax 862-0507

2017  
Program

Ages (10-13)  Ages (14-18)  Competitor # \_\_\_\_\_

**SCHOLARSHIP COMPETITION PARTICIPATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age on 6/4/17 \_\_\_\_\_ Division \_\_\_\_\_ Waiver \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Print Parents' Name Signing Form \_\_\_\_\_

Name of current Dance School \_\_\_\_\_

How many classes a week do you take of the following?

Classical Ballet \_\_\_\_ Pointe \_\_\_\_ Pas de Deux \_\_\_\_ Character \_\_\_\_ Jazz \_\_\_\_ Modern \_\_\_\_

Names of other dance schools you have attended (include location, dates of attendance and classes/wk.)

\_\_\_\_\_

Names of any major summer dance workshops and dates attended.

\_\_\_\_\_

How did you hear about this competition? Newspaper \_\_\_\_ Word of Mouth \_\_\_\_ Internet \_\_\_\_

Flyer \_\_\_\_ Your dance teacher \_\_\_\_ Arts Council \_\_\_\_ Returning BESFI student \_\_\_\_

Other (Explain) \_\_\_\_\_

I, the undersigned, understand that the scholarship competition is only open to students **enrolled in at least (4) four weeks** of the 2017 BESFI Summer Program. I further understand that the applicable deposit fee of **\$300 or \$200 (Intermediate only)** must be paid in advance of the competition and is **NOT REFUNDABLE** but is applicable towards tuition. I also understand and agree that the jury at its sole discretion shall award all scholarships, and the jury's judgment shall be final. It is mutually agreed that this document is a binding contract. Signatory guarantees payment of tuition for the above applicant for four weeks per the official rate schedule. Only a bona fide disqualifying medical report as to the condition of the applicant will be accepted with respect to relief from this provision. **A signed form and paid registration fee are required of all competition participants prior to competing.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_