



Southwest Virginia Ballet

Vaszary Scholarship Application

To be completed by a parent or guardian

Dancer's Name

Parents or Guardian

Address

City

State

Zip Code

Home Phone

Cell Phone

E-mail

Marital Status:

Single

Married

Divorced

Annual Household Income:

Over \$100,000

\$100,000 to \$75,000

\$75,000 to \$50,000

Under \$50,000

Number of persons in the student's household who live off this income.

Please state why you are applying for financial aid. Include any pertinent family or financial circumstances that you feel should be taken into consideration. Use the back of this sheet or additional paper if necessary.

To the best of my knowledge all of the information in the application is true and factual. I understand and agree that any false statement made in this application could be grounds for denial or revocation of a scholarship.

Current Date

Signature of Parent or Guardian