



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

2019
Program

Ages (10-13) Ages (14-18) Competitor # _____

SCHOLARSHIP COMPETITION PARTICIPATION FORM

Name _____ Date of Birth _____

Age on 6/2/19 _____ 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 2019 BESFI Summer Program. I further understand that the applicable deposit fee of **\$500, \$400, \$325 or \$225** 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 _____