



Samuel H. Scripps Studios: 2024-2025 Scholarship Application

Fall Term 2024 through Summer Term 2025

**Please submit with first page of most recent tax form that shows AGI (adjusted gross income) **

STUDENT INFORMATION

Name		Gender	Date of Birth (MM/DD/YY)
Street Address		City	State Zip Code
Phone Number (work home mobile)		Email Address	
Emergency Contact Name	Emergency Contact Relationship	Emergency Contact Phone	

PROGRAM INFORMATION

Please list the class or camp for which you are applying (and a second choice, if applicable):

1.	_____	_____
	Class/Camp Title	Day(s) of Week and Time(s)
2.	_____	_____
	Class/Camp Title	Day(s) of Week and Time(s)

PERSONAL STATEMENT

Please provide a brief statement on how this scholarship would benefit the applicant, or any extenuating circumstances that you would like us to know.

POLICIES & WAIVERS

I warrant to American Dance Festival (“ADF”) that:

1. I understand scholarship recipients are expected to attend all classes in their program, and if excessive absences occur, I risk losing my scholarship and my spot in my program or future programs.
2. I understand that scholarships are awarded in varying amounts per term and some scholarship recipients may be required to pay partial tuition in order to participate in their program. For weekly classes, any remaining tuition is due by the first day of class. For camps, any remaining tuition is due one week prior to the camp start date. I understand that if I do not submit payment by this date, I risk losing my scholarship.
3. I am in good physical and mental health as of today’s date and I have no knowledge of any medical conditions of any kind that would affect my participation in connection with the classes taking place at the Samuel H. Scripps Studios (“Studios”).
4. I acknowledge that my participation is entirely voluntary and that I possess complete understanding of the risks involved in my participating in the programs at the Studios, including but not limited to, risks of property damage or loss of property and risks of physical injury and/or death, whether occurring during or around classes or in connection with any class-related activities.
5. I agree to abide by the rules and regulations of ADF and the Studios where classes will be held. I agree that I will not hold liable ADF or any of its licensees, agents, successors or assigns, the Studios, any faculty member, or employee for property loss, property damage, injuries sustained, death, or illnesses contracted by me while a participant at the Studios.
6. I acknowledge that ADF occasionally arranges to have classes documented for its archival, educational, and marketing purposes and agree that ADF may produce materials that contain footage or photographs of classes in which I am a visible participant. I hereby grant ADF the absolute and irrevocable right and permission to use my name, voice, image, photograph, performance, statements, and any other indicia thereof, for archival, educational and marketing purposes and for any other lawful purpose. I understand that I will not receive any compensation in return.
7. I understand that all students must conduct themselves in a manner that is respectful of other students, faculty, staff, and the facility. Harassment, intimidation, bullying, or otherwise disruptive and inappropriate behavior will not be tolerated and may result in permanent dismissal from classes. Any participant who is dismissed for inappropriate behavior will not be granted a refund.

With my signature, I (or my parent/legal guardian, if applicable) have carefully read, understood, and approved ADF’s Policies & Waivers before signing, and I agree to be bound by all of their provisions.

Participant or Guardian Signature _____ Date: _____

Guardian Printed Name (if participant is under 18) _____