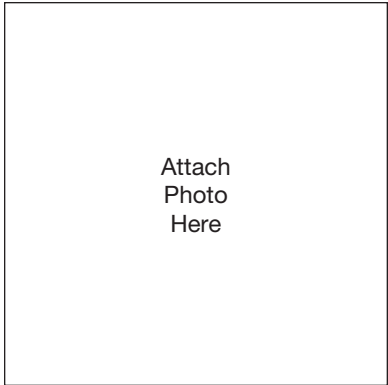


Please return no later than September 20, 2024

THE CAREY ROSE WINSKI
MEMORIAL FOUNDATION, INC.
DANCE SCHOLARSHIP
WWW.CAREYROSEDANCECOMPETITION.COM
careyrosedancecompetition@gmail.com



APPLICATION

General Information:

NAME: _____

Address: _____

Street City State Zip Code

Age: _____ Height: _____ Weight: _____ Birth Date: _____

Telephone: _____ E-mail: _____

Training Information:

How many years of Dance Training _____

Dance Forms Training (other than Ballet) _____

Names and Addresses of major, present and past Dance Instructors:

Names and Addresses of Major Dance Institutions attended and attending:

Present or Past affiliation with established Dance Company: (Give name, address and company director)

Other Art Forms studied or being studied: _____

Other Information:

* Please enclose 2 photos to accompany applications: 1 - 8x10 glossy in full length dance pose and one small identification photo to be attached where marked on application.

By signing this application, the applicant and the applicant's guardian acknowledge receipt of the Rules and Regulations of the Dance Scholarship and agree to abide by and accept the same.

Applicant Signature

Parent or Guardian Signature

Date