



Scholarship Request Form Summer Dance Camp 2017

Burgdorff Center, 10 Durand Road, Maplewood
Ages: Rising 1st graders through 12th grade

Form will not be accepted without completion of both pages.

Please print in black or blue ink:

Student's Full Name: _____

Grade Sept '17 _____ Birthdate _____ Name of Sibling enrolled at LJD _____

Home Address: _____

Town: _____ State: _____ ZIP: _____

Home phone _____ Cell Phone: _____

*** Cell phone number listed above will be used to text messages in case of cancelation

Are you requesting a full scholarship? ___ yes ___ no. If no, what would you be able to pay? \$ _____ Please note that we will take payment in installments.

Please circle the week(s) your child is interested in attending. We cannot guarantee space in all weeks, so please mark first and second choice.

Please check all weeks attending:

___ Week 1 - July 10 through July 14

___ Week 2 - July 17 through July 21

___ Week 3 - July 24 through July 28

E-MAIL *** for all school info: _____

Lydia Johnson Dance Parents Guild sponsors events and forwards information to Dance families.

Please check here if you DO NOT want your e-mail address shared with the Guild: _____

Contacts to call in case of emergency:

Parent 1 - NAME/cell #: _____ work# _____

Parent 2 - NAME/cell #: _____ work# _____

Other Emergency Contact/Caregiver/Friend (name/#): _____

ALLERGIES: _____ Other Issues: _____

On occasion, photos are taken of the students and used in promotional materials and on the Lydia Johnson Dance web-site. Please check here if you DO NOT want your child's photo used: _____

Parent Signature: _____ Date: _____

Do not write below this line

Approved ___ Denied ___ Camp Week _____ Notified ___

