

# VICTORIA ACADEMY OF BALLET SCHOLARSHIP SOCIETY

## Grant Application

Date of Application: \_\_\_\_\_

**Note:**

- Available for students in Foundational and General Programs plus Youth Ballet, Teen Ballet, and IGNITE
- An application for a grant will not be considered without essential financial information
- Grants are awarded in the form of a tuition credit

Applying for (check one or both):  Summer Program 2018  Full Year, 2018-19

**Please submit:**

1. A copy of the front page of parent/guardian's most recent tax return (s)
2. A letter outlining circumstances contributing to financial need eg. one income family, expenses for siblings, special circumstances such as 2 households
3. An estimation of dance costs for the program(s) you are enrolling for

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Male  Female      Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(dd/mm/yyyy)

Mailing Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone:      (Home)      \_\_\_\_\_      (Cell)      \_\_\_\_\_  
\_\_\_\_\_

Email of parent/guardian: \_\_\_\_\_

SIN # of student : \_\_\_\_\_

Most recent Dance School, if any:

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Other activities (sports, arts, etc):

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How did you learn about the VABSS Grants?

Tell us what the opportunity to receive a grant will mean for your child.

**Submit to the VAB office or mail to:**

**VAB Scholarship Society**

**2630 Asquith St.**

**Victoria, BC Canada V8R 3Y3**

**Please note:**

1. **Deadline:**
  - **May 31 for all returning VAB students (summer programs and school year 2018-19)**
  - **May 31 for new student registrations for summer programs**
  - **Aug 31 for new student registrations for the school year 2018-19**
2. **The decision of the Awards Committee is final.**
3. **Successful applicants and/or parents/guardians are asked to show their appreciation to the Board of Directors. Students who do not follow this courtesy may be disqualified from future awards.**
4. **All submitted information is kept confidential and secure.**
5. **No funds will be dispersed without the Student's Social Insurance Number noted on the application.**
6. **Grant award winners/family must agree to contribute by donating time and assistance at fundraising events.**

***For Selection Committee Only***

Accepted  Declined

Amount of Grant: \_\_\_\_\_

Committee Notes: