



Offering classes in
Tap, Jazz, Ballet, Pointe, Acrobatic Arts
Hip-Hop, Contemporary

3200 Greenwich Rd. #84
Norton, OH 44203
Phone: (330) 706-1566
Email: Info@StarMakerPAC.com
Visit us at www.StarMakerPAC.com
Studio located at the Norton Plaza

StarMaker Performing Arts Center is pleased to announce the *StarMaker* **Youth Dance Scholarship** for the 2019-2020 fall season, sponsored by the “*StarMaker All Stars*”. We are very excited to offer this to a student(s) in our own local community.

Scholarship Includes: One Dance Class per week
One pair of dance shoes
One Leotard or dance pants
2 pairs dance tights
Recital Costume

Who Should Apply for the StarMaker Youth Dance Scholarship?

- ★ Families reporting financial need
- ★ Any school age student
- ★ Students interested in DANCE
- ★ Students having a motivated adult to transport to once dance class per week

To apply, please print and complete the application form and return to:

StarMaker Performance Team
Attn: Scholarship Chairman
3200 Greenwich Rd. #84
Norton, OH 44203

Thank You for your time and interest!
The StarMaker “All Stars” Performance Team



Application Deadline: Saturday, September 7th 2019



Offering classes in
Tap, Jazz, Ballet, Pointe, Tumbling,
Hip-Hop, Contemporary

3200 Greenwich Rd. #84
Norton, OH 44203
Phone/Fax: (330) 706-1566
Email: Info@StarMakerPAC.com
Visit us at www.StarMakerPAC.com
Studio located at the Norton Plaza

StarMaker Youth Dance Scholarship Application Form (please print)

The information on this form will be used only by the scholarship committee in determining the scholarship recipient

Student Name: _____ Age: _____ Birthday: _____

School: _____ Grade: _____ Male Female

Hobbies and Interests: _____

Activities: _____

Full Address: _____ Phone: _____

Parent(s) / Guardian(s) Name(s): _____

Address: (if different) _____ Phone: _____

Email Address: _____

Family Monthly Gross Income: \$ _____

How many people live in your household? _____

Please explain briefly why your child should be considered for this scholarship.

Person completing this application: _____ Date: _____