



ALBERTA UKRAINIAN
DANCE ASSOCIATION
ТОВАРИСТВО УКРАЇНСЬКОГО ТАНЦЮ АЛЬБЕРТИ (ТУТА)

Summer Camp Scholarship Application Form

Part 1: Applicant Information

Child's Name: _____

Age: _____ Grade in School: _____

Address: _____

Day Phone: _____ Night Phone: _____ Cell: _____

Contact Email address: _____

Part 2: Dance Information

Dance School Name You Attend: _____

Teacher(s): _____ Years Dancing: _____

Name of Dance Camp for which you are applying: _____

Camp Dates and Location: _____

Camp Fees for sessions you are taking: \$ _____

Dollar Amount of Scholarship Assistance for which you are applying?

(Maximum \$500) \$ _____

Name of Person Providing Statement of Reference: _____

Part 3: Short Answer Responses

Applicant should write the response in their own words. Answers will be judged according to age and grade level. Answers should be no more than 75 words and no less than 50.

A. Why would you like to attend this camp this summer?

B. How did you become interested in learning Ukrainian dance?

C. What do you like most about Ukrainian dancing?

D. What are some of your best attributes that you bring to the camp you've chosen?

E. "I would be very happy if I received a scholarship to summer camp because..."

F. How do you contribute to citizenship in your school and in your community?

Part 4:

Signatures below confirm that all the information enclosed in this application is true.

Applicant's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Please email to: programs@abuda.ca

**REFERENCE STATEMENT OF SUPPORT FOR APPLICANT
FOR AUDA SUMMER DANCE CAMP SCHOLARSHIP**

(Please note that reference support cannot be submitted by a
family member or family relation to the applicant.)

Scholarship Applicant's Name: _____

Name of Dance School: _____

A. What are some of the applicant's distinguishing attributes in dance?

B. How does this applicant interact with peers and adults?

C. How do you know this applicant and why would you recommend this applicant for the summer camp they have chosen?

Signature of Reference: _____ Date: _____

Name (printed): _____

Relationship of Referee to Applicant: _____

Please email directly to: programs@abuda.ca