AAU CENTRAL FLORIDA BATON & DANCE





SCHOLARSHIP

STUDENT APPLICATION FORM

2017 AAU BATON TWIRLING & DANCE SCHOLARSHIP AWARD

Requirements:

- 1. Athletes must have participated in AAU Central Florida District Competition for a minimum of three years.
- 2. Athletes must be present at the 2017 AAU Central Florida District Competition and compete in this year's AAU Central Florida District Competition.
- 3. Athletes must be a high school graduate of the class of 2017
- 4. Athletes must enclose the following documents with their fully completed application form:
 - A. (1) head shot photo (wallet size to 5x7 will be accepted)
 - B. (2) twirling or dance photos (can be an action shots or posed shots)
 - C. (3) letters of recommendation
 - D. Required essay

No applications will be considered for the scholarship unless they are completely filled out, meets all requirements above, and have all required additional documents enclosed.

MATERIALS MUST BE POSTMARKED BY MARCH 17, 2017

PLEASE TYPE OR NEATLY PRINT ALL ANSWERS. USE THE BACK OF THE FORM IF NEEDED.

This application form is to be completed by applicant and his/her parent or guardian.

Address			
City	State	Zip	
Home Phone #	Email		
Date of Birth	Gender:	Male _	Female
PARENT/GUARDIAN INFORMATION Parent/Guardian Name			
City	State	Zip	
Home Phone #	Work Phone #		
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Not In Financ	ial Need			S	emi-Ne	ed			Very M	uch In Fin	ancial Need
Please list any o	ther fina	ncial aid	you are r	eceiving	(Examp	ole: Gran	ts, Othe	r Schol	arships, F	ull Ride, e	tc.):
ACADEMIC I	HONOI	RS & AV	WARDS:								
EXTRACURE	RICULA	R ACT	<u>IVITIES</u>	_(clubs	s, sports	s, organi	zations,	etc)			

VOLUNTEER/COMMUNITY SERVICE
BATON TWIRLING INVOLVEMENT (Tell us about your involvement in the AAU Baton Twirling and/o Dance Program.)
OTHER (Any additional information about yourself, that you would like us to consider.)

Year 		Year 	Year		
Please l Year	ist all AAU Jun City/State	ior Olympic Gam	es Competitions you l Year	nave participated in City/State	
Please l Year	ist any additior City/State	nal AAU Baton an	d or Dance events in v	which you have participated City/State	
NOTE: Explain	Attach essay of how baton twi	on a separate piec	ce and more specifical	nimum of 200 words.) ly the AAU Baton Twirling a erving of this scholarship.	and/or Dance

1.

RETURN THIS FORM AND ALL REQUIRED ITEMS TO:

_Date _____

Parent/Guardian Signature_____

Candice Dowdy

ATTN: AAU Baton & Dance Scholarship 522 Hallowell Circle Orlando, FL 32828

LETTER OF RECOMMENDATION

2017 AAU CENTRAL FLORIDA BATON & DANCE SCHOLARSHIP

Applicant: Please make copies of this form to distribute.

Note: If your instructor/coach is filling this out as one of your references, then please provide the director with two other recommendations from non-baton-twirling adults or people who have influenced your life.

Applicant's Name (First, Middle Initial, Last)

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All le	etters of re	commen			Cand	ice Dov	vdy		Ü	copy of this for	rm to:
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Orlando, FL 32828 Please return this letter to the applicant in a sealed envelope so that they can include with											
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Home Phone #											
Signature_									Date		

PLEASE ATTACH A ONE PAGE LETTER OF RECOMMENDATION TO THIS FORM.