

2025-2026 SCHOLARSHIP APPLICATION FORM

Student Applicant Name:

Application for the following scl	holarship (check all that a	apply):		
BOYS PROGRAM REAC	CH 🗌 CINDERELLA	🗌 WORK STUD	ΎΥ	
JOANN OGAWA (by invitation	on only)			
Contact Information				
Birthday(mm/dd/yy):		Age:	Sex:	
Parent Phone:	Parent Email:			
Address:	City:		State:Zip):
Please answer the following que	estions: (Please use addit	ional paper if ne	ecessary)	
1. Why do you need or want this		· · ·		
2. What does dance mean to you	۲ <u>;</u>			
3. What would you like to accom	plish at Covenant Ballet?			
		(Continued on nex	kt po

251 Avenue U | Brooklyn | New York | 11223 | 718-491-6199 | www.covenantballet.org



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PARENT/GUARDIAN, PLEASE ANSWER THE FOLLOWING QUESTION:

4. Why does your student need or want this scholarship?

Please select one of the following for demonstration of merit and/or potential:

New applicant: Placement class with CBT Artistic Director; or

] **<u>Returning applicant:</u>** Letter of recommendation from CBT Faculty member*

Name of Faculty member: _____

*Not including CBT Artistic Director

REACH Scholarship only:

5. What area of technique or artistry would you like to improve?

Cinderella Scholarship only:

6. Please include the following: Most current IRS tax return; and/or Copy of EBT card or other proof of government assistance

Scholarship application due date extended to **June 30, 2025**. All applications are reviewed by CBT Artistic Director and a selected panel which includes CBT Faculty and Board Members.

Awards for the 2025-2026 Academic Year will be sent via email by July 31, 2025.

Questions? Contact (718) 891-6199 or info@covenantballet.org