The Cecchetti Council



Of America

Male Scholarship Application

Date:						
Name:		Age:		Date of Birth:		
Street:		l				
City:		State		Zip Code:		
Home Phone:			Cell Phone:			
Father's Name:			Father's Email:			
Mother's Name:			Mother's Email:			
Teacher Name:			Teacher Email:			
		Applicant's l	Dance Informa	ntion		
Years of Ballet Training:			Level of Last CCA Exam Taken:			
Number of Ballet C	Week:					
	Other D	ance Classes (Please circle a	all that apply)		
Partnering	Тар	Jazz	Нір Нор	Modern	Musical Theater	

Is there a financial need in applying for this scholarship? If so, please explain below.

*Please attach a letter of recommendation from the applicants' teacher, one photo of the applicant demonstrating 1st Arabesque and one photo of the applicant demonstrating a Tendu in 2nd position.

Email or mail this application to laura.mccarthy@comcast.net Laura McCarthy 2353 Valley Drive Ypsilanti, MI 48197