EXPRESS YOURSELF!
Experience dance as an art form. Find a creative outlet through dance. Work with local and regional professional choreographers on performance pieces of artistic merit.

WHEN: SATURDAY, AUGUST 24th, 2019
Children’s Dance Theater (dancers ages 7-12) 10:00am- 11:15am
Apprentice Company (dancers ages 13-18) 11:30am- 1:00pm

WHERE: CITY IN MOTION SCHOOL OF DANCE
Plexpod Westport Commons 300 E. 39th St. KC, MO

YDT REQUIREMENTS: All members are required to take two technique classes, modern and either ballet or jazz as well as attend Saturday rehearsals from 1:30-3:00pm and adhere to a strict attendance policy.

SCHOLARSHIPS: A limited number of scholarships are available for youth with financial need who show talent and interest. Applicants must be able to write in their own words why they would like a scholarship at City in Motion. Parents/Guardians must complete a confidential financial information form. Scholarship applicants must be present at the audition to receive a scholarship for the 2018-2019 season.

CONTACT: Andrea Skowronek Director, Youth Dance Theater
816.210.1192 (cell) andreaskowronek@yahoo.com

(Please park and enter on East side of building on Gillham Rd. between 38th and 39th)

WWW.CITYINMOTION.ORG
### STUDENT INFORMATION (all students fill out this section)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Student's Name</td>
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<tr>
<td>Home Phone</td>
<td>__________________________</td>
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<tr>
<td>Student's Cell Phone</td>
<td>__________________________</td>
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<tr>
<td>Student’s e-mail</td>
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<tr>
<td>Date of Birth</td>
<td>__________________________</td>
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<tr>
<td>Age</td>
<td>______</td>
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<tr>
<td>Grade</td>
<td>______</td>
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<tr>
<td>School</td>
<td>__________________________</td>
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<tr>
<td>Parent(s) or Guardian(s)</td>
<td>__________________________</td>
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<td>Cell</td>
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<tr>
<td>Street Address</td>
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<td>City, State</td>
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<td>Zip Code</td>
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<tr>
<td>Parent e-mail address(s)</td>
<td>__________________________________</td>
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### FINANCIAL INFORMATION (fill out this section by Parent or Guardian if applying for the scholarship program)

In order to provide financial assistance to the student named above, City in Motion needs the following information from you. We will hold this information in the strictest confidence. By signing below you certify that this information is correct to the best of your knowledge and that this student truly needs financial assistance to pursue a course of dance training at City in Motion.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Number of children in family</td>
<td>_____</td>
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<td>Single parent ? Yes: No:</td>
<td>O No: O</td>
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<td>Family's Annual Income (check one):</td>
<td>$15,000 - $19,999</td>
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<td>Other information (medical information, etc.) which could help us evaluate this application:</td>
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<td>Signature of Parent / Guardian (required):</td>
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**CHECKLIST ---- In order to complete this application, be sure to return ALL the following:**

- O Student’s signed pledge to attend classes
- O Student’s written statement explaining why she/he wishes to attend classes

**Required classes:** __________________________________

**Notes/comments:** __________________________________

O PARTIAL Scholarship Approved by_______ on ________________ O Family has accepted position in YDT initials date
Student’s Name: ________________________________________

By signing this Agreement, I show that I understand my obligations as a scholarship student of City in Motion, in the Youth Dance Theater Scholarship Program.

I hereby agree to the following:

I will attend at least two (2) technique classes per week, according to the schedule arranged by my parent/guardian and the Scholarship Program Director.

Absences will be excused ONLY by a note, phone call or email from a parent / guardian.

I understand that I may lose my scholarship if I have more than two (2) unexcused absences in any session.

I understand that renewal of my scholarship is not automatic and that the Program Director will base the renewal decision on my attendance, attitude and progress in class.

I agree to volunteer as needed for City in Motion Dance Theater as specified by the Scholarship Program Director or School Director (10 hours per family per year).

Signed: (student) ____________________________________ (Parent) _______________________________________

Date: __________________

STUDENT’S STATEMENT: (all scholarship applicants fill out this section or attach document)

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