



SCHOLARSHIP APPLICATION

Dancer's First Name: _____ Last Name: _____

Date of Birth: _____ Dance Studio (if applicable): _____

Guardian Name (if under age 18): _____

Email: _____ Phone: _____

Years of experience in tap dance: _____

How Did You Hear About Little Rock Tap Festival?

____ Social Media

____ Advertisement

____ Email

____ Friend or Family Member

____ Dance Teacher

Other: _____

Please attach a scholarship request letter that includes:

- General background of dance experience
- Reason for applying
- Why you would like to attend Little Rock Tap Festival