

Friendship Through Dance The Pat Jackson SHINE Scholarship Application Form

Student First Name	Stu	Student Last Name	
Date of Birth (Month/Day/Year)	_		
Parent/Guardian Name			
E-mail Address		Phone Number(s)	
Mailing Address (Street	City	State	Zip Code)
Please describe why you are passion would use the scholarship for:	ate about danc	e, what dance has meant in your	life and what you

Student Signature	Parent/Guardian Signature
Dance Teacher Signature	Dance Studio
I,SHINE Scholarship. Please describe v	, hereby nominate this student to The Pat Jackson why this student should receive the scholarship:
This student is a passionate perform their camaraderie and inspirational	ner who brings light and positive energy in to the dance room with character.
FOR FTD OFFICE USE ONLY	
Scholarship Awarded Yes/No	
Dollar Amount D	ecision Date
Additional Comments:	



Friendship Through Dance The Pat Jackson SHINE Scholarship

Friendship Through Dance is a non-profit organization that provides donations, scholarships, and partnerships to benefit dancers and actors to further the growth of the arts and arts education in the San Luis Obispo Area. The FTD Pat Jackson SHINE Scholarship is handed out once a year in June and is designed to encourage the growth of young dancers and performers to further their arts and arts education. The scholarship is awarded to students based on artistic ability and promise, and availability. The student must be nominated by their dance teacher. We expect the scholarship recipient to be a passionate performer who brings light and positive energy in to the dance room with their camaraderie and inspirational character.