



Frequent Flyers Aerial Dance has a limited number of scholarships available to aerial students. The scholarships are need-based. Students can apply based on financial need and/or a physical or mental disability.

If chosen, scholarship recipients are responsible for:

- Maintaining good class attendance
- Maintaining good reviews by class instructors
- Writing a thank you note that will be passed along to the funder of the scholarship. This note can be submitted directly to Frequent Flyers.

This application must be filled out by the applicant and their parent/guardian (if a minor) and returned to:

Sue Sutherland at sue@frequentflyers.org

OR

Frequent Flyers Aerial Dance
3022 E Sterling Circle, #150
Boulder, CO 80301

Personal Information:

Student Name _____

Parent or Guardian's Name _____

Applicant Birth date _____ / _____ / _____ Age _____

Cell Phone _____ Home Phone _____

Address _____

Email _____

Dependents (Guardian's or student's if applicable) _____

Classes the student plans to take with FFP: _____

Please visit www.frequentflyers.org for a class schedule or call 303-245-8272. _____

Financial Information:

Circle all that apply to your family:

Food Stamps

Social Security

Workers Comp

Unemployment benefits

Free/Reduced Lunch

Government Housing

Other: _____

Student Personal Statement: Applicant should describe how he/she will benefit from this scholarship and how it will further his/her aerial dance education. He/she could include their passion for aerial, career goals, dreams, etc.

Challenges: Applicant should describe a significant setback or challenge in his/her life, the impact it has had, and the ways in which he/she are overcoming or have overcome it.

Statement of Need: Include information about your family's need for tuition assistance. If applicable, include information and explain other forms of financial assistance you and your family receive (free school lunches, private school scholarship, tuition assistance for after school programs, etc.)

I declare that the information is true and accurate and that I am not receiving any other assistance.

Signature of Applicant

Date _____

Signature of Parent/Guardian (if a minor)

Date _____