

DANCE INNOVATIONS
PERFORMANCE
FOUNDATION

INC

2020 Kids for Kids Fine Arts Scholarship

Presented by Dance Innovation Performance Foundation

Purpose of Award

The Kids for Kids Fine Arts Scholarship will be presented by Dance Innovations Performance Foundation to individuals with special needs and/or special circumstances to help them pursue their interest in the arts.

Application and Evaluation

The completed application **must be postmarked by March 30, 2020** or must arrive at the foundation office, at **13 Roosevelt Avenue, Chatham, NJ 07928**, by **4:00pm on Friday, April 3, 2020**.

Along with the application, sponsor must include a short essay stating why they feel the nominee is best suited for the award and what are the special need and/or special circumstance. Scholarship recipients will be notified within a few weeks of the application deadline.

Award recipients

All recipients will receive an invitation to attend the:

2020 Kids for Kids Fine Arts Scholarship Gala Award Ceremony

held on Wednesday, May 27, 2020, at the
Brooklake Country Club in Florham Park, NJ

Attendance at the ceremony is required in order to receive the monetary award to their selected arts program. Scholarship recipients and one adult guest are invited to attend at no cost. Additional tickets will be available for purchase. At the ceremony, they will be treated to a fabulous evening of fine food and wonderful entertainment.

If the scholarship is for the Visual Arts, please submit pictures of the student's work for display at the Gala upon receipt of award notification. Preferably by email to diinfo@danceinnovations.org

All information will remain confidential and will only be seen by the scholarship committee.

For additional information or applications please call (973) 635-7000 email diinfo@danceinnovations.org

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Kids for Kids Fine Arts Scholarship 2020

Deadline : postmarked by 3/30/20 received no later then 4/3/20

Nominee Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Age: _____

Indicate Special Need and/or Special Circumstance: _____

Check the artistic area in which the nominee is interested in:

Visual Arts ___ Dance ___ Music ___ Theatre ___ Other _____
(Please State)

Name of Artistic School (to be attended): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

Please note: no college funding will be granted.

Name of Program: _____
Length of Program: _____
Cost of Program: _____

Nominee Parent or Guardian Name: _____
Telephone: _____ (Home) _____ (Cell)
Email: _____

Nominators Name: _____
Telephone: _____ (Home) _____ (Cell)
Email: _____

Relationship to Nominee: _____

Certification:

I certify to the best of my knowledge and belief, the information in this application is true and accurate. I understand that attendance at the Award Ceremony is required to receive scholarships.

Signature of Nominator

Date

ALL INFORMATION WILL REMAIN CONFIDENTIAL.