



SCHOLARSHIP REGISTRATION FORM

(Please Print)

Today's date:			Start Date		
STUDENT INFORMATION					
Student's last name:		First:	Middle:	Email:	
Mother's name:		Father's name:		Birth date:	Age: Sex:
Street address:			Email:		Home phone no.: ()
P.O. box:	City:		State:		Postal Code:
Which Location do you prefer?					
<input type="checkbox"/> Scarborough	<input type="checkbox"/> Mississauga/Brampton	<input type="checkbox"/> Miss/Oak (North Magic)	<input type="checkbox"/> Hip Hop only	<input type="checkbox"/> Program	
Referred By:		Email:		Phone:	

Reason for enrolling at JDL: (i.e. Improve confidence, vocals, acting and dance.)

Tell us about your current situation and how the Scholarship program could help you.

EMERGENCY CONTACT

Name:	Home:	Mobile:	Relationship:
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OFFICE USE ONLY

Amount of Scholarship \$ _____ Duration _____ Approved by _____

Waiver and Release statement If under 18 years of age, THIS IS TO CERTIFY THAT I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT/STUDENT AND THE PAPERS TO PROVE IT, DO CONSENT AND AGREE NOT ONLY TO HIS/HER WAIVER AND RELEASE OF LIABILITY OF JOSIE DE LEON SCHOOL OF PERFORMING ARTS (JDLSPA), ITS OFFICERS, ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, AND AGENTS BUT ALSO TO RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO HIS/HER INVOLVEMENT IN THESE ACTIVITIES FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OFKIN. JDLSPA IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY SUFFERED BY ANY PERSON/STUDENT WHILE WATCHING OR PARTICIPATING IN ACTIVITIES AT OR FOR THE JOSIE DE LEON SCHOOL FOR PERFORMING ARTS FOR ANY REASON WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF TEACHERS, MENTOR, OFFICERS, ELECTED OFFICIALS, EMPLOYEES, AND VOLUNTEERS

Parent/Guardian _____ Date: _____