



**UNITY Scholarship for Dance Teachers and Educators for Professional Development
\$500 Scholarship Application**

Name of Applicant: _____

Name of UNITY Member Organization: _____

Preferred Mailing Address: _____

Preferred Phone Number: _____

E-mail Address: _____ Website: _____

Name of the professional development dance or dance education event you expect to attend (How will the scholarship be used?) _____

Location/Address of event: _____

Cost of event: _____

Associated expenses, e.g., hotel, travel (please itemize): _____

Knowledge to be gained. (What do you hope to learn at this event?): _____

How will the new information enhance your teaching? _____

Please let us know, how many students you teach. That is, how many students will be impacted by your gained knowledge? _____

I give permission to UNITY Inc. to use my photograph and all information pertaining to the UNITY scholarship for publication in all media.

Signed _____

Mail this application with a photograph of yourself and signed release (above) to your Unity organization.