



The Art of Wellness Program

Financial Assistance Request Brochure

What is the "The Art of Wellness" Program?

"The Art of Wellness Program" is a scholarship program for individuals who need financial assistance to pay tuition to take Dance and/or Fitness classes at our facility. Through The Sheyenne Valley Community Foundation and Dare to Create Foundation of the Arts, Micaiah's Studio of Ballet & LivFit Fitness LLC is pleased to be able to provide an opportunity for low income individuals to participate in Dance and Fitness classes at a reduced cost. This program is funded by generous corporate and private donors. Funds are granted to the extent of resources available, prices and availability are subject to change.

Please read the applications and qualifications required to participate. Please review this form carefully.

THE ART OF WELLNESS SCHOLARSHIP

Financial assistance is given to qualifying individuals and families to attend Micaiah's Studio of Ballet & LivFit Fitness Facility. Those interested in applying for **The Art of Wellness Scholarship** need to complete the Financial Assistance Application and attach all copies of financial verification.

Applications are accepted throughout the year, beginning December 1st.

Please submit your application by the 3rd Monday of the month.

Our board meets on the 3rd Tuesday of every-month to review and approve applications.

Scholarships are Awarded month to month and per application acceptance. Documentation should be returned to Micaiah's Studio of Ballet & LivFit Fitness or emailed to LivFit4life@outlook.com or mailed 316 Central Ave N Valley City ND 58062.

Financial assistance is based on a review of the applicant's completing the Scholarship form and granted to the extent of funds available.

This is a 50/50 Cost Share Scholarship for One class per month for an entire dance season. However you may fill out additional class choices, with an additional essay attached to be reviewed by the board. If funds are available, we may be able to award additional classes to you.

Complete Scholarship Form Check List

Fill out "The Art of Wellness" Scholarship Form

Return Promptly to MSB or Mail 316 Central Ave N Valley City ND 58072

Provide a copy of **ONE** verification letter of any one public assistance received by applicant or applicant parent/guardian, such as:

- Section 8 Housing or other subsidized housing assistance
- Itemized worksheet showing monthly assistance income
- Disclosure of assistance of utility bills
- Copy of Veteran's Benefit Statement
- Verification of Alimony, showing the amount received
- Child Care Assistance
- Verification of Child Support you receive
- Social Services Statement/Foster Child payment slip
- If you are receiving SSI, SSDI, TANF, SNAP, WIC, Refugee Cash Assistance, General Assistance, Medicaid, or Medicare, please submit a copy of the award letter showing the amount received monthly
 - Free/Reduced Lunches

Written 1-2 paragraph Essay and place with your scholarship form

Scholarship Awarded Individual Requirements

- Complete Online Registration and Enrollment of classes www.micaiahstudioballet.com or Download The GloFox app and create your account for each family member.
- Must be enrolled in recurring payment program
- Must maintain an 80% attendance average every quarter (Scholarship Void if attendance average is not meet with out any special holds, unless Special Holds Form is Filled out)
- Scholarship is a Cost Share Scholarship, You will be responsible for 50% of Tuition. Scholarship is for ONE Class per month for an entire dance session or until funds run out.

Tuition is Due on the 1st of every month or Pay every quarter at the beginning of each new quarter

1. ***Late Payments*** will encore a \$5 non refundable Fee
2. ***Missed payments:*** after 15 days of no-payment will encore a scholarship Void, with no special holds, unless a Special Holds Form is Filled out with in 15 days of payment due

Special Holds Form

If you have any extenuating circumstances that prevent you from affording tuition or attending classes please Fill out Special Holds Form. This is a time sensitive document. Special Holds should be turned in with in 15 days of **extenuating circumstance happening**.

Who determines whether or not my request is granted?

The Art of Wellness Program board member are trained to review and process applications in a timely manner. All scholarship applications remains confidential. You will be notified of awarded grant funds by the following month.

You can Email your submissions to LivFit4life@outlook.com or

Mail it in: Micaiah's studio of Ballet 316 Central Ave N Valley City ND 58067

Please see our Website for Classes: www.micaiahstudioballet.com

Download the GloFox App to book your classes

THE ART OF WELLNESS SCHOLARSHIP APPLICATION FORM

Application is For Dance and or Fitness

Application Opens December 1st

ALL INFORMATION REQUIRED.

Applicants Name: _____

Gender: _____ Date of Birth: ____/____/____ Age _____

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Gender: _____ Date of Birth: ____/____/____ Age _____

Applicants Name: _____

Gender: _____ Date of Birth: ____/____/____ Age _____

Applicants Name: _____

Gender: _____ Date of Birth: ____/____/____ Age _____

Applicants Name: _____

Gender: _____ Date of Birth: ____/____/____ Age _____

Is the Applicant new to Micaiah's Studio of Ballet & LivFit Fitness LLC? Yes No

Parent/Guardian Name:(If Under 18) _____

Phone# : _____

Address: _____

E-mail: _____

PLEASE PROVIDE ONE COPY OF A VERIFICATION LETTER OF ANY ONE PUBLIC ASSISTANCE RECEIVED BY APPLICANT OR APPLICANT'S GUARDIAN, SUCH AS:

- Section 8 Housing or other subsidized housing assistance
- Itemized worksheet showing monthly assistance income
- Disclosure of assistance of utility bills
- Copy of Veteran's Benefit Statement
- Verification of Alimony, showing the amount received
- Child Care Assistance
- Verification of Child Support you receive
- Social Services Statement/Foster Child payment slip
- If you are receiving SSI, SSDI, TANF, SNAP, WIC, Refugee Cash Assistance, General Assistance, Medicaid, or Medicare, please submit a copy of the award letter showing the amount received monthly
- Free/Reduced Lunches

ATTACHE A WRITTEN 1-2 PARAGRAPH ESSAY ANSWERING

New Applications:

Why is taking dance and or Fitness classes important to you?

Returning Application:

How has this Scholarship benefited you in the past?

IF APPLYING FOR ADDITIONAL CLASSES PLEASE WRITE AN ADDITIONAL ESSAY:

Why is being able to take additional classes beneficial for you?

At Micaiah's Studio of Ballet, We believe in passion not perfection. We believe that everyday is the best day to start something new. We believe that some of life's best ideas come to us through movement. We believe effort and drive can trump talent. In your essay, explain what dance and/or fitness means to you.

Dance/Fitness Class List In order of Importances	Student Name: _____
1	
2	
3	

Email Application: LivFit4life@outlook.com

Mail To: Micaiah's Studio of Ballet 316 Central Ave N Valley City ND 58072

Check out classes at www.micaiahstudioballet.com

WAIVER & RELEASE FORM

Because physical exercise and or dance can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or dance activities, you do so **entirely at your own risk**. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

I understand that Micaiah's Studio Of Dance, from time to time produces promotional and other materials relating to its programs. I understand that as a participant in and/or a spectator at the Studio/Dance Events the Participant may be included in videotapes, DVDs, podcasts, video casts and/or photographs taken during dance classes and or Dance Events. Therefore, without reservation or limitations, I hereby assign, transfer and grant Micaiah's Studio of Dance, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor Participant and to utilize such videotapes and photographs and Participant's name, face, likeness, voice and appearance as part of the Event, in advertising and promoting the Studio or in advertising and promoting future classes, and for sale for any and all purposes. You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a **release of liability**. You expressly agree to release and discharge the trainer or Dance Instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the trainer or Dance Instructor for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I Agree to the terms of scholarship requirements.

- a. Complete Online Registration and Enrollment of classes www.micaiahstudioballet.com by August 1st
- b. Must maintain an 80% attendance average every quarter (Scholarship Void if attendance average is not meet with out any special holds, unless Special Holds Form is Filled out)
- c. Scholarship is a Cost Share Scholarship, You will be responsible for 50% of Tuition.
 - i. Tuition is Due on the 15th of every month or Pay every quarter at the beginning of each new quarter
 - 1. **Late Payments** will encore a \$5 non refundable Fee
 - 2. **Missed payments:** after 15 days of no-payment will encore a scholarship Void, with no special holds, unless a Special Holds Form is Filled out with in 15 days of payment due
- d. Special Holds Form

If you have any extenuating circumstances that prevent you from affording tuition or attending classes please Fill out Special Holds Form. This is a time sensitive document. Special Holds should be turned in with in 15 days of **extenuating circumstance happening**.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed By Applicant or Legal Guardian: _____ **Dated:** ___/___/___

Printed Name of Applicant or Legal Guardian: _____ **Dated** ___/___/___

Check the Box if You Do NOT want your picture on Social media, News Papers and Programs



THE ART OF

WELLNESS SPECIAL HOLD FORM

Applicants Name: _____

Parent/Guardian Name:(If Under 18) _____

Phone# : _____

Address: _____

E-mail: _____

First: Hardship Reason (Please Circle One)

Financial

Family

Other

**Second: Set up a Time with the Director: Micaiah Lausche
505-459-8534 or LivFit4life@outlook.com**

How Long is your Request: Month(s)_____Year_____

For Board Members Only

Approved or Denied

Date Reviewed: _____