



To combat teen depression in the Greater Worcester Area by providing opportunities for underserved adolescents to access performing arts modalities.

Dear Applicant,

Thank you for your interest in the Dance to Live Foundation. Established in 2012, the Dance to Live Foundation was created to combat teen depression in the Greater Worcester area by creating opportunities for underserved adolescents to access expressive therapies. Our organization's vision is to reduce depression symptoms and suicide among adolescents by increasing their engagement in expressive therapeutic activities, in addition to developing a network of connections that will enable them to lead full and productive lives.

If you, or someone you know, is between the ages of 13 and 19, and suffers from depression, he or she may be eligible for scholarship money to pay for extracurricular activities as a means of therapeutic healing.

We are currently accepting applications for 2014. Potential scholarship recipients must meet certain criteria in order to qualify for scholarship funds. The applicant(s) must:

- ✓ Be between the ages of 13 and 19
- ✓ Have a documented diagnosis from a mental healthcare provider
- ✓ Be under the care of a mental healthcare provider
- ✓ Provide progress reports from mental healthcare provider on an as-need-basis
- ✓ Complete the scholarship application (can be downloaded and printed from our website)
- ✓ Have a letter of recommendation from a mentor, teacher, spiritual advisor, guidance counselor, social worker or youth program professional
- ✓ Have a genuine interest in the arts or other forms of positive expressive therapy
- ✓ Have transportation to and from program
- ✓ Meet with a representative from Dance to Live to discuss and review participation

Please send your application and letters of recommendations to:

Dance to Live Foundation
PO Box 402
Southbridge, MA 01550

Should you have questions about the application, or the application process, please send an e-mail to arydancetolive@gmail.com or kranzmi@yahoo.com.

Sincerely,

Arianys De Jesus
President, Dance to Live Foundation



Scholarship Application

Section One - Parent/Guardian Information (for the parent/guardian to fill out):

Last Name:		First Name:	
Daytime Phone:		Cell Phone:	
Address:		Please select one of the following: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
E-mail Address:			
Total children in household:	Average Monthly Household Income (include child support if applicable):		
Please check off any services you currently access:			
<input type="checkbox"/> Cash Assistance	<input type="checkbox"/> Free/Reduced Lunch	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> WIC
<input type="checkbox"/> Mass Health	<input type="checkbox"/> Housing Subsidy	<input type="checkbox"/> Unemployment	

Section Two - Child Information (for the parent/guardian to fill out):

Last Name:		First Name:	
Date of Birth:	Age:	Grade:	Does your child have kids? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is English your child's preferred language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which?	Please list any other therapeutic services your child is currently receiving.	
If no, is he/she in an alternative or G.E.D. program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please choose one or more ethnicity (optional):			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> African American	<input type="checkbox"/> Other _____	

Section Three - For the Child to fill out:

Please check off your preferred (main) interest from the selection below. Some of the choices have a line next to them. Specify the type of interest on those lines.

<input type="checkbox"/> Dance _____	<input type="checkbox"/> Modeling
<input type="checkbox"/> Martial Arts _____	<input type="checkbox"/> Performing Arts
<input type="checkbox"/> Music (Instrumental) _____	<input type="checkbox"/> Music (Vocal)
<input type="checkbox"/> Visual Arts _____	<input type="checkbox"/> Sports _____

Section Four - Short Answer:

Teen: Based on your selection above, explain how participating in a therapeutic activity can benefit you in a positive way.

Parent/Guardian: How do you think this activity will benefit your child?

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18)

Date