



BAYVIEW SCHOOL OF

Ballet

148 Willowdale Avenue
Toronto, Ontario, M2N 4Y4
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Bella Kovarsky

Scholarship Application Form

Student information

Name: _____ Family name: _____

Age: _____ Date of birth: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Email address: _____ Date: _____

Dance experience Classical ballet only

Year from to: _____ School: _____

Year from to: _____ School: _____

Year from to: _____ School: _____

Year from to: _____ School: _____

Other Activities or hobbies

Are you on any treatment for an injury or illness that may impede on audition performance?

Yes No _____

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Explain why should you be considered for Bella Kovarsky Scholarship.

Student Signature

Parent Signature