

# City in Motion

YOUTH DANCE THEATER



## EXPRESS YOURSELF!

City in Motion Youth Dance Theater is a non-competition entity where everyone is accepted and reflects the vision that dance is for everyBODY. Experience dance as an art form. Find a creative outlet through dance. Work with local and regional professional choreographers on performance pieces of artistic merit.

**YDT REQUIREMENTS:** All members are required to take two technique classes, modern and either ballet or jazz as well as attend Saturday rehearsals from 1:30-3:00 pm and adhere to a strict attendance policy. The commitment to YDT is for the entire school year season.

**SCHOLARSHIPS:** A limited number of scholarships are available for youth with financial need who show talent and interest. Applicants must be able to write in their own words why they would like a scholarship at City in Motion. Parents/Guardians must complete a confidential financial information form. Scholarship applicants must be present at the audition to receive a scholarship for the 2021-2022 season.

**CONTACT:** Tracie Jensen, Artistic Co-Director  
913-645-8183 (cell) [traciemjensen@gmail.com](mailto:traciemjensen@gmail.com)

**AUDITION INFO:** Attire: leotard and tights or leggings, ballet shoes or socks for barre. Please arrive by 9 for meet and greet, bring a packed lunch and plan to stay for the first rehearsal until 2:00 pm. Parents may stay if they wish in the Green Room at City in Motion.

**AUDITION SCHEDULE:**

- MEET & GREET 9 - 9:30 AM
- PLACEMENT/SCHOLARSHIP AUDITIONS 10 - 11:30 AM
- LUNCH BREAK (PLEASE BRING) 11:30 - 12:00 PM
- REHEARSAL 12 - 2:00 PM



**STUDENT INFORMATION** (all students fill out this section)

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent e-mail address(s): \_\_\_\_\_

**FINANCIAL INFORMATION** (fill out this section by Parent or Guardian if applying for the scholarship program)

In order to provide financial assistance to the student named above, City in Motion needs the following information from you. We will hold this information in the strictest confidence. By signing below you certify that this information is correct to the best of your knowledge and that this student truly needs financial assistance to pursue a course of dance training at City in Motion.

Family Information

Number of children in family: \_\_\_\_\_

Single parent? Yes:  No:

Other information (medical information, etc.)  
which could help us evaluate this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family's Annual Income (check one):

\$15,000 - \$19,999

\$20,000 - \$24,999

\$25,000 - \$29,999

Over \$30,000

Signature of Parent / Guardian (required): \_\_\_\_\_

**CHECKLIST** ---- In order to complete this application, be sure to return ALL the following:

Student's signed pledge to attend classes

Student's written statement explaining why she/he wishes to attend classes

(this section for office use only)

Required classes: \_\_\_\_\_

Notes/comments: \_\_\_\_\_

PARTIAL Scholarship Approved by \_\_\_\_\_ on \_\_\_\_\_  Family has accepted position in YDT  
initials date



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**STUDENT'S AGREEMENT AND STATEMENT** (all students fill out this section)

Student's Name: \_\_\_\_\_

By signing this Agreement, I show that I understand my obligations as a scholarship student of City in Motion, in the Youth Dance Theater Scholarship Program.

**I hereby agree to the following:**

I will attend at least two (2) technique classes per week, according to the schedule arranged by my parent/guardian and the Scholarship Program Director.

**Absences will be excused ONLY by a note, phone call or email from a parent / guardian.**

I understand that I may lose my scholarship if I have more than two (2) unexcused absences in any session.

I understand that renewal of my scholarship is not automatic and that the Program Director will base the renewal decision on my attendance, attitude and progress in class.

I agree to volunteer as needed for City in Motion Dance Theater as specified by the Scholarship Program Director or School Director (10 hours per family per year).

Signed: (student) \_\_\_\_\_ (Parent) \_\_\_\_\_

Date: \_\_\_\_\_

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**STUDENT'S STATEMENT:** (all scholarship applicants fill out this section or attach document)

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