



Senior Scholarship Release Form

***Must be received by our office no later than
midnight March 29, 2025***

Fill Out, Scan, and Email to:
info@associateddanceteachers.com

Contestant Eligibility Requirements: Contestant must be a current student of an eligible member in good standing. Entrant must be a high school student, grades 9-12, not acting in an independent teaching capacity (teaching assistants are welcome to apply). Entrant must have attended one ADT-NJ Workshop during the current season. (Entrant is still eligible if they registered for an event that was canceled by ADT-NJ).

Scholarship Audition Rules: Dancer must be in appropriate shoes and attire (Females: tights and black leotard. Males: black pants and white or black t-shirt). Students must arrive at the audition between 11:30 and 11:45 am. Students arriving after 11:45 am will be disqualified.

Scholarship Winner Obligations: The Winners will be required to perform the award winning combination at the conclusion of the scholarship auditions as well as at the Fall workshop of ADT-NJ wearing the dress code above. It is the dancer's responsibility to review the video posted on ADT-NJ's website/social media. The First Place winner will be ineligible to compete the following year.

I, _____ (print student's name), have met all of the requirements of entry to the ADT-NJ Senior Scholarship. I understand the above requirements, rules, and obligations.

_____ (student's signature) _____ (date)

ADT-NJ Member Eligibility: Member must be in good standing and have attended the November 2024 ADT-NJ Workshop Meeting and/or the January 2025 meeting. ADT-NJ Member must accompany their student entrants on the day of the audition.

I, _____ (print teacher's name) of _____ (print studio name), am an eligible ADT-NJ Member and recommend the above student for the ADT-NJ Senior Scholarship. I hereby grant permission to the Associated Dance Teachers of New Jersey to use photos, images, or video of myself and my students for publicity purposes such as tv, video, film, print ads, and/or website. I understand that no monetary compensation will be made and the material used is at the discretion of the Associated Dance Teachers of New Jersey.

_____ (ADT-NJ Member Signature) _____ (date)

Parent or Guardian Release: I, _____ (print parent's name), hereby grant permission to the Associated Dance Teachers of New Jersey to use photos, images, or video of my child,

_____ (print student's name), for publicity purposes such as tv, video, film, print ads, and/or website. I understand that no monetary compensation will be made and the material used is at the discretion of the Associated Dance Teachers of New Jersey. In addition, I give my permission to the Associated Dance Teachers of New Jersey to seek emergency medical attention to my child if necessary.

_____ (parent's signature) _____ (date)

_____ (print emergency name) _____ (emergency number)