

FALL 2020/SPRING 2021 SPIRAL FITNESS SCHOLARSHIP APPLICATION FOR CURRENT STUDENTS OF BOOKER T. WASHINGTON

Student's Name: _____

Parent/Guardian Name, Address, Email, Cell # _____

Student's Current Grade Level: _____

Is student and/or parent/guardian a current member of the dance guild: YES____ NO____

**PLEASE PROVIDE A BRIEF EXPLANATION OF THE STUDENT'S INJURY AND/OR
DIAGNOSIS EXPLAINING WHY THE STUDENT WANTS TO TRAIN AT SPIRAL FITNESS:**

By signing below, the student and the parent/guardian agree to abide by all the terms and policies required by Spiral Fitness, including all cancellation policies and associated fees for failure to cancel 24 hours prior to appointment as required by Spiral Fitness.

Student _____ Parent/Guardian _____

Date _____

Return form to April McElhone via:

- **e-mail** (print, fill out, scan and attach) April McElhone - aprilmcelhone@gmail.com
- **text** (screenshot of completed form): **214-868-1258**

After the scholarship is approved, the applicant will be notified by phone and by email.
Applicant will then contact **Patti at Spiral Fitness** directly for scheduling –

Patti Granoff:
patti.granoff@gmail.com
Spiral Fitness
3613 Cedar Springs
Dallas, TX 75219
214-922-0475

Any questions, please email April at aprilmcelhone@gmail.com or call/text 214-868-1258