

BETH MITCHELL MEMORIAL SCHOLARSHIP

INFORMATION

Full Name: _____

Address: _____

Telephone: _____

Social Security Number: _____

School (Purser's Address)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

First year you competed in the National Shag Dance Championships
Year _____.

First priority and consideration for the scholarship will go to a student who has danced in the Nationals. Secondary consideration will go to a student who has had a parent who has danced in the Nationals. If you are in the second category note at least one year your parent competed.

Year _____.

High School or College Transcript (Most Recent)

SAT Scores (Copy)

SUBMIT:

200 Word maximum essay to include:

- Why you want the scholarship
- When you will need the scholarship
- Where you will be attending
- How you will benefit from the scholarship
- Your long-term educational goals

SUBMIT TO:

Beth Mitchell Scholarship Fund
c/o N.S.D.C.
5111 North Kings Highway
Myrtle Beach, SC 29577

Signature: _____ Date: _____

APPLICATION DUE NO LATER THAN FEBRUARY 15 OF EACH YEAR.