

Beth Mitchell Memorial Scholarship

Information

(Please be sure to fill in the information legibly)

Full Name: _____

Address: _____

Phone: _____

Social Security Number: _____

School (Purser's Address): _____

City: _____ State: _____ Zip: _____

What was the first year you competed in the National Shag Dance Championships: _____

The first priority and consideration for the scholarship will go to a student who has danced in the Nationals in one of the five major divisions. 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: _____

High School or College Transcript (Most Recent Please)

SAT Scores (Provide a copy)

Please answer the following numbered questions in order being precise in your answer.

1.) What institute of higher learning are you or will you be attending?

2.) What is the annual tuition to the school of your choice: _____

3.) Please give your parent's names, address and occupation.

4.) Are you receiving or will you receive other scholarships? (Please check one): _____ Yes
_____ No

If the answer was yes – then from whom: _____
and the amount: _____

5.) What are your career plans at this point in your life? _____

6.) How will the Beth Mitchell Memorial Scholarship benefit you and your family? _____

7.) Why do you deserve to be considered for this scholarship? _____

Please Submit This Information To:
Beth Mitchell Memorial Scholarship Fund
5111 North Kings Highway
Myrtle Beach, SC 29577

Signature: _____ Date: _____

APPLICATION DUE NO LATER THAN FEBRUARY 15TH OF EACH YEAR

