



DMA MEMBER SCHOLARSHIP ENTRY FORM

Please print or type the following information:

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Studio Phone: () _____

Age: _____ DMA Member Since: _____

Please attach a sheet of paper answering the following questions:

1. Give a description of the seminar/workshop/classes member wishes to attend.
2. List the faculty to be present at the seminar/workshop/classes if available.
3. Explain why member desires to attend seminar/workshop/classes.
4. Explain why member feels this scholarship would benefit them.
5. List all positions and/or committees or offices member has served on.
6. List any job assignments member has had at DMA convention (i.e. timing, working backstage, sound person in classroom, etc.)
7. Enclose any literature available for seminar/workshop/classes.

*One Member Scholarship will be awarded at the Super Convention

*The Member Scholarship will be in the amount of \$250.00 to be used towards dance education.

*Each member will be limited to 1 scholarship every 2 years.

*In order to be eligible, the member must be in good standing with DMA Chapter #33.

*The applying member must have attended the previous 2 Grand Body Meetings.

*All applications will be reviewed and judged by the Past President's Council.

All Member Scholarship Applications must be presented to the Past President at the Super Convention Grand Body Meeting.

Member Applicant's Signature: _____

Date: _____