ASHLYNN MEMORIAL SCHOLARSHIP

STUDENT NAME:
ADDRESS:
EMAIL:
NUMBER OF FAMILY MEMBERS IN HOUSEHOLD:

Please describe any financial circumstances that make it difficult for your family to cover the registration fee at this time.

Why is participating in ballroom dance important to you?

I ACKNOWLEDGE THAT OUR HOUSEHOLD INCOME DOES NOT EXCEED $75,000.00 ANNUALLY

PARENT SIGNATURE AND DATE

I ACKNOWLEDGE THAT I WILL ATTEND CONSISTENTLY IF AWARDED THIS SCHOLARSHIP.

STUDENT SIGNATURE AND DATE

THIS SCHOLARSHIP IS FUNDED BY SCOTT AND CINDY SHUFFLEBARGER AND COVERS THE FULL REGISTRATION FEE FOR ONE STUDENT FOR THE 2026-27 PROGRAM YEAR.