



## Cicci/SADM Professional Development Scholarship

NAME: \_\_\_\_\_

NAME OF STUDIO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL : \_\_\_\_\_

This scholarship will be awarded to a SADM member in good standing and a studio owner. The \$500.00 will be awarded as an investment in Studio Business or to further your dance education.

In 100 words or less: Explain how you would use this money and why.  
(use back of sheet if necessary)

**\*\*winner will be notified and must be in attendance at the summer convention\*\***

Mail Application to:  
Shelia Vaught  
300 East Third Street  
Little Rock, AR. 72201