

MITCHELL COMMUNITY SCHOLARSHIP FUND APPLICATION
FOR DISTRIBUTION OF FUNDS

The Mitchell Community Scholarship Fund requires that its scholarship dollars be disbursed only after the student has completed at least twelve (12) post-secondary credits of passing grades.

Student Name: _____

Student ID Number: _____

Please complete the following information, attach a copy of your proof of credits (report card or transcript which has your name printed on it), and mail to:

Joseph Graves, Superintendent
Mitchell School District 17-2
800 West 10th Ave.
Mitchell, SD 57301

Please send my scholarship check to:

Name of Institution: _____

Name of Office: _____

Address: _____

The scholarship check will be mailed directly to the post-secondary institution both in the name of the student and the institution.