

Howard F. Koob Memorial Scholarship
Crystal Falls Area Community Fund
an Affiliate Fund of the Dickinson Area Community Foundation



SELECTION CRITERIA

Scholarship recipients may be chosen annually from Forest Park High School. Scholarship(s) will be awarded to student(s) pursuing a 1-2 year technical/vocational degree, and student(s) pursuing a 4-year degree in any field. Exact award amount and number of awards is determined annually based upon earnings in Fund.

Eligibility:

1. The students chosen must have been accepted in a 1–2-year program at a technical/vocational school, or to a 4-year program at a college or university.
2. The recipients must enroll and attend the program during the school year immediately following his/her high school graduation, beginning with the first regular Fall semester or term.
3. The student must be a graduating Forest Park High School Senior.
4. A transcript of the student’s high school records must be supplied demonstrating the student’s scholastic ability, good possibility of continued academic success and seriousness of purpose.
5. Applicants shall be judged on citizenship and participation in extra-curricular activities.
6. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.
7. Applicants must be able to show that financial need exists.
8. All completed applications must be returned to the Guidance Office by **March 15th**.

Addendum:

A scholarship award may be revoked by the Board of Trustees of the Crystal Falls Area Community Fund and/or Dickinson Area Community Foundation because of:

- Criminal or anti-social conduct of recipient.
- Filing false information on application.
- For such other good cause as the Board may, in its sole discretion, determine.

Revocation shall be by the action of a majority of the members of the Board of Trustees, and upon such revocation, any and all funds still controlled by the Board of Trustees, shall be withheld and disposed of at the discretion of the Board.



Howard F. Koob Memorial Scholarship
Crystal Falls Area Community Foundation Fund
an affiliate of the Dickinson Area Community Foundation
Completed applications must be submitted by March 15th

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
Email Address (Required)	
GPA:	
In what extra-curricular activities did you participate in? (Include both in-school activities and volunteer activities outside of school)	
Did you work during the school year?	If yes, how many hours/week?
Name of College, University or Tech/Voc. you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
Have you applied for other scholarships?	
Have you been granted a scholarship? If so, name of scholarship & amount:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A personal statement, which includes your comments on how this field of study relates to this scholarship. 2. Copy of high school transcripts. 	



Application Deadline	
All applications need to be submitted to the guidance counselor's office by March 15th .	
Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand any false statements, omissions, or other misrepresentations made by me on this application may result in rejection of this application.	
Name (printed)	
Signature	
Date	
Parent Application Form	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
Email address:	
Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:	
Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:	
Agreement & Signature:	
I affirm that the statements above are true and complete. I understand any false statements, omissions, or other misrepresentations made by me on this application may result in rejection of this application.	
Signature of parent or guardian:	
Date:	



RELEASE OF INFORMATION

I hereby certify that any information needed regarding my scholarship requirements be made available to the Director of the Dickinson Area Community Foundation and the Howard F. Koob Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____