



## **Ron Caviani Scholarship Criteria Dickinson Area Community Foundation**

***One (1) Scholarship recipient will be chosen annually. The recipient shall receive either a one-time or a renewable Scholarship Award in an amount to be determined annually (based upon earned income of the fund).***

### **Eligibility:**

1. The scholarship is available to graduating seniors who are enrolled in the Jazz Band classes at Iron Mountain, Kingsford and Norway High Schools.
2. The recipient must be entering a degree-granting program at a four-year post-secondary institution of higher learning and continue participation in a university/college sponsored performing ensemble.
3. The scholarship candidate must have a minimum 2.5 GPA.
4. Applicants must submit an essay explaining how music has played a part in their life and how they plan to incorporate music in the future.
5. A transcript of the student's high school records must be supplied.
6. The recipient must include a recommendation from their band instructor with the Scholarship Application.
7. Applications must be completed and on file in the counselor's office by March 15. Failure to turn in your application by this date will result in being ineligible to apply for this scholarship.

### **Addendum:**

A scholarship award may be revoked by the Board of Trustees because of:

- Criminal or anti-social conduct of recipient.
- Filing false information on application.
- Scholastic inadequacy of a recipient.
- Failure to provide the Dickinson Area Community Foundation with documents and verification as specified in the Foundation's established policies for renewing scholarships. A copy of the Foundation's policies for renewing scholarships is provided to students with their first scholarship payment.
- 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.



## *Ron Caviani Scholarship*

Dickinson Area Community Foundation

Completed applications must be submitted by March 15th

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home Phone</b>	
<b>High School Attended</b>	
<b>GPA</b>	
<b>E-Mail (Required):</b>	
<b>Extracurricular musical activities (include musical involvement in your community):</b>	
<b>Non-musical extracurricular activities:</b>	
<b>How do you plan to relate music to your future goals?</b>	
<b>What are your plans for continuing participation in a university/college sponsored musical program?</b>	



<b>Career Goals:</b>	
Name of college or university you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. An essay explaining how music has played a part in their life and how they plan to incorporate music in the future.</li> <li>2. A written recommendation from your band instructor.</li> <li>3. Transcript of your high school records</li> </ol>	
<b>Application Deadline</b>	
All applications need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .	
<b>Agreement and Signature</b>	
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	
<b>Parent Application Form</b>	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
<b>Agreement &amp; Signature:</b>	
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 Caviani Scholarship Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_