

**Association of Student Artists (ASA) Scholarship  
Dickinson Area Community Foundation**



***One (1) or more Scholarship recipient(s) may be chosen each year from the eligible participating high schools. The number of recipients will be decided by the DACF Investment Committee and will be based on earnings available for awarding in a given year. Currently this is a one-time award. In the future as the fund grows and earnings improve it will become a renewable award.***

**Eligibility:**

1. Applicant(s) must be graduating from Iron Mountain, Kingsford, North Dickinson, Norway, Pembine, or Niagara High School, or be a gifted student who will be proceeding to a college/university in the subsequent academic year without graduating from high school.
2. Applicants must have a 2.5 or greater G.P.A.
3. Applicants must be enrolling in a degree-granting program in an art related field at a 4-year post-secondary institution.
4. First priority will be given to applicants who are active members of ASA. Second priority will be given to applicants enrolled in art classes in their school.
5. Financial need shall be a secondary consideration, with academic achievement being the major factor.
6. Applicant must submit a one page, typed essay describing their artistic endeavors and future plans.
7. Applicants must submit two artworks of their choice for review:
  - a. All artwork must be scanned or photographed and the scan/photo submitted with the application.
  - b. Applicants should strive to submit artwork that is diverse in medium and subject.
  - c. Each submitted piece should have a small description attached (including dimensions).

8. 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
9. A transcript of the student's high school records must be supplied.
10. A scholarship award may be revoked by the Board of Trustees because of:
  - a. Criminal or anti-social conduct of recipient.
  - b. Filing false information on application.
  - c. Scholastic inadequacy of a recipient.
  - d. 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.
  - e. 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 DACF 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.



## *Association of Student Artists (ASA) 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>Name of college or university you plan to attend:</b>	
<b>Have you been accepted?</b>	
<b>Intended field of study:</b>	
<b>Have you applied for other scholarships?</b>	
<b>Have you been granted scholarships? (If yes, list below with the amount)</b>	
<b>List past experiences in Art (classes, trips, etc)</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours/week?</b>
<b>Weekly earnings:</b>	<b>Do you have any savings for college?</b>
<b>Approximate amount of savings:</b>	
<b>Name of person(s) dependent upon your earnings (if any)?</b>	
<b>Will you work while attending college?</b>	<b>If so, for what portion of your expenses?</b>



<b>How much do you estimate it will cost you to go to the college of your choice for one year?</b>	
<b>Tuition &amp; Fees</b>	\$ _____
<b>Room &amp; Board</b>	\$ _____
<b>Books &amp; Supplies</b>	\$ _____
<b>Miscellaneous</b>	\$ _____
<b>Total:</b>	\$ _____
<b>Will you attend college if you do not receive a scholarship?</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. A one page, typed essay describing their artistic endeavors and future plans.</li> <li>2. Scans/photos of two pieces of art work (see criteria).</li> <li>3. High school transcripts</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:	
The purpose of supplying us with the following information is to determine if the applicant comes from a family of modest means. With the information you supply, the ASA Scholarship Committee will determine if the applicant is qualifies. It is, therefore, necessary to obtain this confidential information. Your answers to the following questions will be treated strictly confidential.	
<b>What was the family income for the year 20__ ? \$ _____</b>	
<b>What was the source of the income?</b>	
<b>What was the general distribution of your income for 20____?</b>	



<b>Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:</b>
<b>Are there savings, insurance policies or annuities intended for the college education of the applicant?</b>
<b>Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:</b>
<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 Association of Student Artists (ASA) Scholarship Committee.

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