

# **Beverly King Memorial Scholarship Criteria**

## **Dickinson Area Community Foundation**



***One (1) or more scholarship recipient(s) will be chosen annually from Norway High School. The award amount and the number of scholarships awarded will be determined by the Dickinson Area Community Foundation (DACF) Board of Trustees.***

### **Eligibility:**

1. The scholarship is available to graduating seniors of Norway High School. In addition to seniors, any exceptionally gifted student who will be proceeding directly to a college/university in the subsequent academic year without graduating from high school is eligible to apply.
2. Applicants must be entering a degree-granting program in the field of art or music. If no applicants meet this criteria, other fields of study may be considered by the committee.
3. Applicants must have a high school GPA of at least 2.5 and have demonstrated the ability to succeed in their chosen program.
4. Applicants must submit an essay on why they have chosen their field of study.
5. Applicants must submit a letter from a teacher who has known the applicant for a minimum of one (1) year. The reference letter must address the teacher's perception of the student's capabilities and skills to succeed in their chosen field of study. In addition, the reference letter should address the teacher's perception of the student's overall character.
6. Applications must be completed and on file in the counselor's office by **March 15**.
7. The scholarship may be renewed for an additional year/three years, provided the student remains eligible to receive the award.
8. To remain eligible for the renewable award, the recipient must be a full-time student and maintain a 2.50 GPA. The recipient must submit their official college transcript to DACF prior to award disbursement to confirm eligibility.

### **Addendum:**

A scholarship award may be revoked by the DACF Board of Trustees 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 DACF Board of Trustees. Upon such revocation, any and all funds still controlled by the DACF Board of Trustees shall be withheld and disposed of at the discretion of the Board.



***Beverly King Memorial Scholarship***  
 Completed applications must be submitted by March 15th

<b>Date</b>	
<b>First and Last Name</b>	
<b>Street Address</b>	
<b>City, State, ZIP Code</b>	
<b>Home &amp; Cell Phone</b>	
<b>Email address (required)</b>	
<b>GPA</b>	
<b>What extra-curricular activities did you participate in? (Include both in-school activities and volunteer activities in the community)</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours per week?</b>
<b>Name of school/college/university you plan to attend:</b>	
<b>Have you applied for admission?</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 a scholarship? If so, name of scholarship &amp; amount:</b>	

**Please include the following with the application:**

1. One page essay, using 12-point font, double-spaced, demonstrating your work ethic in school and in the community and what made you choose the field of study you are entering. Please also explain how this scholarship will help you meet that goal.
2. Copy of high school transcripts.
3. Letter of acceptance from the school you plan to attend prior to award.

**Application Deadline**

All applications need to be submitted to the guidance counselor's office **by March 15<sup>th</sup>**.

**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:**

<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 Beverly King Memorial Scholarship Committee.

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