

Father Gondek Memorial Scholarship Fund

Crystal Falls Area Community Foundation an affiliate of the Dickinson Area Community Foundation



SELECTION CRITERIA

One Scholarship recipient will be chosen annually from Forest Park High School. Exact award amount is determined annually based upon earnings in Fund.

Eligibility:

1. The student must be a graduating Forest Park High School Senior.
2. Selection will be based on the priority considerations listed below:
 - a. First consideration is to be given to a boy entering a seminary to study for the Priesthood.
 - b. In the event the first priority does not materialize, the scholarship would then be granted to a girl entering a religious vocation.
 - c. Should the first two considerations fall short of a recipient, the scholarship is then to be awarded to a qualified boy or girl pursuing a career in the field of music whose plans would include studying toward a degree.
 - d. Should none of the above materialize, consideration may be given to a past alumnus who meets the criteria for "a" or "b" in that order. Item "c" is excluded from this consideration.
3. A transcript of the student's high school records must be supplied demonstrating the following traits: scholarship and a potential for success in his or her continuing education.
4. The student chosen shall have demonstrated the following characteristics throughout high school: Christian maturity, character, leadership potential, and personality, and must provide an acknowledging reference letter from a teacher or from a person who is familiar with the student (not family) recognizing these traits and citing specific examples of such.
5. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.
6. Financial need of the applicants shall also be taken into consideration.
7. **All applicants must adhere to Guidance Counselor deadlines.** *Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.*

*Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation **by March 15.***

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.
- 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.



Father Gondek Memorial Scholarship

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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (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 Seminary, College or University 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 your field of study relates to this scholarship. 2. An acknowledging reference letter from a teacher or a person who is familiar with you (not family) recognizing the following traits: Christian maturity, character, leadership potential and personality, citing specific examples. 3. Copy of high school transcripts. 	
Application Deadline	
<u>All applicants must adhere to the Guidance Counselor deadlines.</u> Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15.	
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 Father Gondek Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____