

# Kingsford High School Scholarship Criteria

## Dickinson Area Community Foundation



*The number of scholarships awarded will be determined by DACF Board of Trustees. The recipient(s) 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 person chosen must have a sincere desire to attend a college or university.
2. The recipient must be a graduating Kingsford High School Senior.
3. The recipient must have a 3.00 GPA or better. A 2.75 GPA is needed to renew for the next three (3) years by providing a current official college transcript to the Dickinson County Area Community Foundation at 220 E Hughitt Street, Iron Mountain, MI 49801. Telephone: 906-774-3131; E-mail: [DACFOfficeMgr@dickinsonareacf.org](mailto:DACFOfficeMgr@dickinsonareacf.org)
4. The student must be pursuing a career in the medical field.
5. Attach a personal statement (approximately 150 words) explaining why you are interested in pursuing a degree in the medical field.
6. A transcript of the student's high school records must be supplied.
7. The student must have one character reference from a teacher and one from a person who is familiar with the student (not family).
8. All completed applications must be returned to the Guidance Office by **March 15th**. Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.

### **Guidelines:**

The scholarship will be available to students meeting requirements to be judged: 50% Academic; 25% Citizenship; and 25% School Activities.

The Selection Committee will consist of: Two (2) High School Counselors and one (1) Administrator.

### **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.
- 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.



***Kingsford High School 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>E-Mail (Required)</b>	
<b>High School Attended</b>	
<b>GPA</b>	
<b>Class Rank:</b>	<b>Number in Class:</b>
<b>In what extra-curricular &amp; community service activities did you participate in? (includes activities outside of school)</b>	
<b>Name of college or 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>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. Please attach one character reference from a teacher and one from a person, who is familiar with you, this cannot be a family member.</li> <li>2. Attach a personal statement (approximately 150 words) explaining why you are interested in pursuing a degree in the medical field.</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:	
Email:	
<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>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 Kingsford High School Scholarship Committee.

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