### Forest Park Vocational/Technical Scholarship

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



#### SELECTION CRITERIA

One (1) 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 chosen must have been accepted at a technical/vocational school.
- 2. The student must be a graduating Forest Park High School Senior.
- 3. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.
- 4. 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 of the Crystal Falls Area Community Fund and/orDickinson Area Community Foundation 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.



## Forest Park Vocational/Technical Scholarship

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| Date  |   |  |
|---|---|--|
| Full Name   |   |  |
| Street Address  |   |  |
| City ST ZIP Code  |   |  |
| Home or Cell Phone  |   |  |
| GPA:  |   |  |
| E-Mail (Required)   |   |  |
|   |   | e in? (Include both in-school activities and |
| volunteer activities outside  | of school)  |  |
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| Did you work during the sc  |   | If yes, how many hours/week?                 |
| Name of College or Univer   | sity you plan to attend:  | If yes, how many hours/week?                 |
| Name of College or Univer<br>Have you applied for admis   | sity you plan to attend:  | If yes, how many hours/week?                 |
| Name of College or Univer<br>Have you applied for admis<br>Have you been accepted?  | sity you plan to attend:  | If yes, how many hours/week?                 |
| Name of College or Univer<br>Have you applied for admis<br>Have you been accepted?<br>Intended field of study:  | rsity you plan to attend:   | If yes, how many hours/week?                 |
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| Name of College or Univer<br>Have you applied for admis<br>Have you been accepted?<br>Intended field of study:  | rsity you plan to attend: ssion? scholarships?                              |  |
| Name of College or Univer<br>Have you applied for admis<br>Have you been accepted?<br>Intended field of study:<br>Have you applied for other  | rsity you plan to attend: ssion? scholarships?                              |  |
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| Name of College or Univer Have you applied for admis Have you been accepted? Intended field of study: Have you applied for other Have you been granted a so  Please include the following | rsity you plan to attend: ssion? scholarships? cholarship? If so, name of s |  |



# **Application Deadline** All applicants must adhere to the Guidance Counselor deadlines. 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 Forest Park Vocational/Technical Scholarship Committee.

| Signature of Applicant: | Date: |
|-------------------------|-------|
|                         |       |