

Waves Memorial Swim Scholarship Criteria Dickinson Area Community Foundation



One (1) Scholarship recipient will be chosen annually from Niagara, Florence, North Dickinson, Pembine, Iron Mountain, Kingsford, Norway, and Crystal Falls High School. The recipient shall receive a one-time Scholarship Award in an amount to be determined annually based upon earned income of the fund.

Eligibility:

1. Applicant must have a sincere desire to continue his/her education in an accredited vocational/technical school or college/university.
2. Applicants must have a 2.5 G.P.A. in high school.
3. Applicants must have participated in swimming on a local high school team and/or participated on the local YMCA team for at least two swim seasons.
4. Applicant must submit a statement describing the extent of their swimming career and list their swimming achievements.
5. Applicants must submit two reference letters: One reference letter from a teacher and one reference letter from a person who is familiar with the student (not family). Each letter should address personal perception of the student's capabilities and the perception of the student's overall character.
6. A transcript of the student's high school records must be supplied.
7. All completed applications must be returned to the Guidance Office by **March 15th**. Failure to turn in your application by this date will result in being ineligible to apply for this scholarship.

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.
- 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.
- 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.



Waves Memorial Swim Scholarship

Dickinson Area Community Foundation

Completed applications must be submitted by March 15th

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail (Required):	
High School Attended	
GPA	
ACT:	SAT:
How many years have you participated on a swim team?	
Swimming Achievements:	
Goals for the future:	
Name of college or university you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	



Please include the following with the application:	
<ol style="list-style-type: none"> 1. Two reference letters: One reference letter from a teacher and one reference letter from a person who is familiar with the student (not family). Each letter should address personal perception of the student's capabilities and the perception of the student's overall character. 2. Applicant must submit a statement describing the extent of their swimming career and list their swimming achievements. 3. High School Transcripts 	
Application Deadline	
All applications need to be submitted to the guidance counselor's office by March 15th .	
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:	
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:

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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 Waves Memorial Swim Scholarship Committee.

Signature of Applicant: _____ Date: _____