

Steve Warner Memorial Scholarship Fund
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 an accredited college or university.
2. The student must be a graduating Forest Park High School Senior.
3. The student must be pursuing a 4-year degree in the field of education.
4. The student must attach a Personal Statement, which includes their comments on how their field of study relates to the Education field.
5. A transcript of the student's high school records must be supplied demonstrating good scholarship by a standing in the upper twenty-five percent (25%) of the graduating class.
6. The student must demonstrate financial need.
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.



Steve Warner 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 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 comments on how your field of study relates to the education field. 2. Copy of your high school transcripts | |



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| 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 Warner Scholarship Committee.

Signature of Applicant: _____ Date: _____