

Golden “K” Scholarship Criteria Dickinson Area Community Foundation



The Dickinson County area Golden “K” will award one (1) Scholarship to a worthy graduate attending Bay de Noc Community College pursuing a career in either the academic or technical field. The Scholarship award will be made in one payment.

Eligibility:

1. The applicant must be a graduating senior from Florence, Iron Mountain, Kingsford, Niagara, or Norway High Schools.
2. The applicant must be planning and accepted to attend Bay de Noc Community College – preference will be given to students planning to attend Bay de Noc Community College **West** Campus.
3. The applicant must have at least a “C” (2.0) Grade Point Average (GPA). Please provide your transcript and your SAT scores in support of this requirement.
4. There must be financial need.
5. The applicant must be of good moral character.
6. The applicant must be a credit to his/her school and community.
7. The applicant must provide names, addresses and phone numbers of two individuals who may be contacted as personal references.
8. The applicant must prepare an autobiographical statement of 250 words. The statement should include information the applicant feels should be brought to the attention of the Golden “K” selection committee.
9. 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.
10. The Scholarship recipient of the Golden K award will be selected by the Golden “K” Scholarship Committee and presentation of the check will be made at a Golden K meeting.

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.



Golden K 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	
In what extra-curricular activities did you participate in? (includes activities outside of school)	
Did you work during the school year?	If yes, employer name:
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 provide the names, address, and phone number of two individuals we may contact as references.	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. Attach an autobiographical statement of 250 words in which you present information you feel should be brought to the attention of the committee. 2. Transcript of your high school records 	



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:	
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 Golden K Scholarship Selection Committee.

Signature of Applicant: _____ Date: _____