



Christ United Methodist Church's Gladys Henskey Memorial Scholarship

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

Selection Criteria:

One (1) scholarship recipient may be chosen annually. Exact award amount is determined annually based upon earnings in Fund.

Eligibility:

1. Candidates will be considered regardless of age.
2. Candidates will **not** be limited to high school seniors.
3. Candidates will **not** be limited to any place of residence.
4. Candidates must have been accepted into a 2 or 4 year program at a college or university.
5. Candidate's field of study must be in a curriculum leading to a degree in a field of service to people or a community of people.
6. Candidate must attach a Personal Statement, which includes their comments on how their field of study will lead to a degree in a field of service to people or a community of people.
7. Recipient is expected to attend a service of Christ United Methodist Church to receive the scholarship award.
8. **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.



***Christ United Methodist Church's Gladys Henskey
Memorial Scholarship***

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

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
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 your comments on how your field of study will lead to a degree in a field of service to people or a community of people. 2. Copy of high school transcripts 	



Recipient of this scholarship must attend a service at the Christ United Methodist Church to receive the scholarship award. Is this acceptable to you?

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:

Empty space for providing details on dependents or extenuating circumstances.

Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:

Empty space for providing additional statements to assist the scholarship selection committee.



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 CUM/Henskey Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____