

## Thornberry Family Scholarship Criteria Dickinson Area Community Foundation



*One (1) or more Scholarship recipient(s) will be chosen annually from Kingsford High School and Norway High School. The recipient(s) shall receive either a one-time or a renewable Scholarship Award in an amount to be determined annually (based upon earned income of the fund).*

### **Eligibility:**

1. The scholarship is available to graduating seniors of Kingsford High School and Norway High School. In addition to seniors, any exceptionally gifted student who will be proceeding directly to a vocational/technical school or college/university in the subsequent academic year without graduating from High School is eligible to apply for this scholarship.
2. The applicant must be entering a vocational/technical trade school or a degree-granting program at a four-year post-secondary institution of higher learning.
3. Applicants must have a 3.0 or greater G.P.A. in high school.
4. Financial need of the applicant shall be a factor in the selection of students for the scholarship, but not the sole factor, as outstanding academic achievement shall also be considered a major factor in the selection.
5. Applications must be completed and on file in the counselor's office by **March 15<sup>th</sup>**. Failure to turn in your application by the due date will result in being ineligible for this scholarship.
6. Students who receive renewable **Thornberry Family Scholarship** awards shall be required to maintain a 2.5 G.P.A. and must provide the Dickinson Area Community Foundation with verification of the required G.P.A. before the scholarship award will be paid in accordance with the Foundation's established policies for renewing scholarships. Failure to provide verification in accordance with the Foundation's established policies shall result in the loss of the scholarship. Upon losing a scholarship award, the only recourse for the student is to request an appeal hearing before the Dickinson Area Community Foundation Board of Trustees. All forfeited scholarship funds shall be returned to the **Thornberry Family Scholarship Fund**.

### **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.



***Thornberry Family Scholarship***  
**Dickinson Area Community Foundation**  
**Completed applications must be submitted by March 15th**

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home Phone</b>	
<b>E-Mail (Required):</b>	
<b>High School Attended</b>	
<b>GPA</b>	
<b>In what extra-curricular activities did you participate in? (includes activities outside of school)</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours/week?</b>
<b>Name of college or university you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Intended field of study:</b>	
<b>Have you applied for other scholarships?</b>	
<b>Have you been granted a scholarship? If so, name of scholarship &amp; amount:</b>	
<b>Please include the following with the application:</b>	
1. Transcript of your high school records	
<b>Application Deadline</b>	
All applications need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .	



<b>Agreement and Signature</b>	
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	
<b>Parent Application Form</b>	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
E-Mail:	
<b>Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:</b>	
<b>Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:</b>	



<b>Agreement &amp; Signature:</b>
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 Thornberry Scholarship Advisory Board.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_