



## **Bill Baciak Memorial Scholarship Criteria Dickinson Area Community Foundation**

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

### **Eligibility:**

1. Applicants must have been accepted at an accredited 2 or 4-year vocational/technical school in one of the following trade fields: mechanical, electrical, and industrial mechanics.
2. Applicant must have attended the Vocational/Technical Center for two years or more.
3. Applicants must have a 2.5 or greater G.P.A. in high school.
4. Applicants must submit a reference letter from a teacher who has known the applicant for a minimum of one (1) year. The reference letter must address the teacher's personal perception of the student's capabilities and skills to succeed in their chosen field of study. In addition, the reference letter should address the teacher's perception of the student's overall character.
5. Applicants must submit a brief statement/essay stating what vocational/technical field they will be pursuing and how they would benefit from receiving this scholarship for their future plans.
6. 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 and strength of character shall also be considered major factors in student selection.
7. A transcript of the student's high school records must be supplied.
8. Students who receive the Bill Baciak Memorial Scholarship award will be given the award after one complete semester and shall be required to maintain a 2.5 G.P.A. and must provide the Dickinson Area Community Foundation with an official transcript from the school they are attending showing verification that they are a full-time student (12 credits) and maintaining a 2.5 GPA. Failure to provide verification in accordance with the Foundation's established policies shall result in the loss of the scholarship. Any forfeited scholarship funds shall be returned to the Bill Baciak Memorial Scholarship Fund.
9. 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.



***Bill Baciak Memorial 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>High School Attended</b>	
<b>GPA</b>	
<b>E-Mail (Required):</b>	
<b>Name of vocational/technical school 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>How many years have you attended the vocational/technical center?</b>	
<b>What classes have you taken at the vocational/technical center?</b>	
<b>Did you work during the school year?</b>	
<b>Weekly earnings:</b>	
<b>Approximate amount of savings:</b>	
<b>Name of person(s) dependent upon your earnings (if any)?</b>	
<b>Name of person(s) dependent upon your earnings (if any)?</b>	



<b>Will you work while attending college?</b>		<b>If so, for what portion of your expenses?</b>
<b>How much do you estimate it will cost you to go to the college of your choice for one year?</b>		
<b>Tuition &amp; Fees</b>	\$	
<b>Room &amp; Board</b>	\$	
<b>Books &amp; Supplies</b>	\$	
<b>Miscellaneous</b>	\$	
<b>Total:</b>	\$	
<b>Will you attend college if you do not receive a scholarship?</b>		
<b>Please include the following with the application:</b>		
<ol style="list-style-type: none"> <li>1. A reference letter from a teacher who has known you for a minimum of one (1) year. The letter must address the teacher's personal perception of your capabilities and skills to succeed in your chosen field of study. In addition, the reference letter should address the teacher's perception of your overall character.</li> <li>2. Attach a brief statement/essay stating why you qualify for the Bill Baciak Memorial Scholarship and how you would benefit from receiving it.</li> <li>3. Transcript of your high school records</li> </ol>		
<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:		
<b>What was the family income for the year 20 ? \$</b>		
<b>What was the source of the income?</b>		



<p><b>What was the general distribution of your income for 20   ?</b></p>
<p><b>Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:</b></p>
<p><b>Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:</b></p>
<p><b>Agreement &amp; Signature:</b></p>
<p>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.</p>
<p>Signature of parent or guardian:</p>
<p>Date:</p>

**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 Baciak Scholarship Committee.

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