



Joyce Salmi Memorial Scholarship

Patricia A Butler, TTEE will determine the amount of the scholarship and how many to be awarded once they receive information on what is available each year. Exact award amount is determined annually based upon earnings in the Fund.

Eligibility Criteria:

1. Available to graduating Forest Park seniors with a 2.5-3.0 GPA (preferred).
2. Students must show proof they are enrolled in a Postsecondary Education (including vocational and trade schools) before the scholarship is awarded.
3. Students must be pursuing a Postsecondary Education in a vocational and/or trade school.
4. **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.***



Joyce Salmi Memorial Scholarship

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

Date	
First and Last Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
GPA	
E-Mail (Required):	
In what extra-curricular activities did you participate in? (Include both in-school activities and volunteer activities in the community)	
Did you work during the school year?	If yes, how many hours/week?
Name of Vocational / Technical / Trade college 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. Copy of high school transcripts. 2. Letter of acceptance from the vocational or trade school prior to award. 	
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 Joyce Salmi Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____