



Blomquist Family Scholarship Criteria Dickinson Area Community Foundation

One (1) or more Scholarship recipient(s) will be chosen annually from North Dickinson High School. The recipient(s) shall receive a renewable 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 college or university.
2. Applicants must have a 3.0 or greater G.P.A. in high school and demonstrated ability to do college-level coursework.
3. 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.
4. Applicants must submit a brief statement/essay stating why they qualify for the scholarship and how they would benefit from receiving it.
5. 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.
6. A transcript of the student's high school records must be supplied.
7. 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.



Blomquist Scholarship

Dickinson Area Community Foundation

Completed applications must be submitted by March 15th

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
High School Attended	
GPA	
E-Mail (Required):	
In what extra-curricular & community service activities did you participate in? (includes 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 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. 2. Attach a brief statement/essay stating why you qualify for the Blomquist Family Scholarship and how you would benefit from receiving it. 3. 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:	
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 Blomquist Scholarship Committee.

Signature of Applicant: _____ Date: _____