

Lillian Galbraith Community Service Scholarship Fund
Crystal Falls Area Community Foundation an affiliate of the Dickinson Area Community Foundation



SELECTION CRITERIA

One (1) scholarship recipient will be chosen annually from Forest Park High School. Exact award amount is determined annually based upon earnings in Fund.

Eligibility:

1. The student must have been accepted in a public institution of higher learning in the State of Michigan.
2. The student must be a graduating Forest Park High School Senior.
3. The student shall have demonstrated service to the community and must provide an acknowledging reference letter from a person who is familiar with the student (not family) recognizing the student's commitment to the community and citing specific examples of the service(s) the student has provided to the community.
4. The student shall have demonstrated honesty, good citizenship and volunteerism in the community and must provide an acknowledging reference letter from a person who is familiar with the student (not family) recognizing these traits and citing specific examples of such.
5. The student must attach a brief statement (3-4 paragraphs) addressing the following:
 - a. How have the services you provided to the community impacted the community?
 - b. How have the services you have provided to the community impacted you?
 - c. What suggestion do you have for involving young people in community service in the future?
6. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.
7. This scholarship is not renewable.
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.



Lillian Galbraith Community Service Scholarship

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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
GPA:	
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 relates to this scholarship. 2. An acknowledging reference letter from a person who is familiar with the student (not family) recognizing the student's commitment to the community and citing specific examples of the services the student has provided to the community. 3. A brief statement (3-4 paragraphs) addressing the following: <ul style="list-style-type: none"> • How have the services you provided to the community impacted the community? • How have the services you have provided to the community impacted you? • What suggestions do you have for involving young people in community service in the future? 	



Please include the following with the application (continued...):	
<p>4. An acknowledging reference letter from a person who is familiar with the student (not family) recognizing their honesty, good citizenship, and volunteerism in the community with specific examples of each.</p> <p>5. Copy of high school transcripts.</p>	
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 Lillian Galbraith Community Service Scholarship Committee.

Signature of Applicant: _____ Date: _____