

Lenore Moore Gibson Kingsford Scholarship Criteria

Dickinson Area Community Foundation



The number of scholarships awarded, and award amount will be determined by DACF Board of Trustees. The award is renewable for up to an additional three (3) years.

Eligibility:

1. The person chosen must have a sincere desire to attend a college or university.
2. The recipient must be a graduating Kingsford High School Senior.
3. A 2.50 GPA is needed to renew for the next three (3) years by providing a current official college transcript to the Dickinson County Area Community Foundation at 220 E Hughitt Street, Iron Mountain, MI 49801.
4. The student must be pursuing a four (4) year or Associate degree in a Library Science or Nursing field.
5. A transcript of the student's high school records must be supplied.
6. The student must have one character reference from a teacher and one from a person who is familiar with the student (not family).
7. All completed applications must be returned to the Guidance Office by **March 15th**. Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.
8. The applicant must write a paragraph stating how their field of study applies to the Library Science or Nursing profession.

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.
- 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.



LM Gibson Scholarship
Dickinson Area Community Foundation
Completed applications must be submitted by March 15th

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail (Required)	
High School Attended	
GPA	
Class Rank:	Number in Class:
In what extra-curricular & community service activities did you participate in? (includes activities outside of school)	
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. Please attach a personal statement which includes your comments on how your field of study relates to the library science or nursing field. 2. Attach one character reference from a teacher and one from a person who is familiar with you, cannot be a family member. 3. High school transcripts 	
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:	
Email:	
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 LM Gibson Scholarship Committee.

Signature of Applicant: _____ Date: _____