

### Marvin and Barbara Kaski Memorial Scholarship Criteria

#### **Crystal Falls Area Community Foundation** An affiliate of the Dickinson Area Community Foundation

Established in memory of Dr. Marvin Kaski, DVM, and Barbara (Plankey) Kaski, who both graduated from Forest Park High School and went on to own and operate a veterinary clinic. They were two intelligent, compassionate and hard-working individuals who valued integrity, self-reliance and kindness to both animals and people.

One or more scholarship recipient(s) will be chosen annually from Forest Park High School. The recipient(s) will receive a one-time scholarship award. The award amount and the number of scholarships awarded will be determined annually by the Dickinson Area Community Foundation (DACF) Board of Trustees and the Scholarship Selection Committee.

#### **Eligibility:**

- 1. The scholarship is available to graduating seniors of Forest Park High School. In addition to seniors, any exceptionally gifted student who will be proceeding directly to a college/university in the subsequent academic year without graduating from high school is eligible to apply.
- 2. The scholarship is for a one-year period only and may not be renewed.
- 3. Applicants must have been accepted at an accredited vocational/technical trade school or two- or four-year college or university.
- 4. Applicants must have a 3.0 or greater G.P.A. in high school and have demonstrated the ability to do college-level coursework.
- 5. Applicants must have participated in an athletic sport during high school.
- 6. Preference will be given to students who meet most or all of the following criteria:
  - a. Students who are entering a medical field.
  - b. Students who have been involved in a 4-H club.
  - c. Students who were employed while in school.
  - d. Students who will be attending Michigan State University.
  - e. Students who have demonstrated honesty, integrity, kindness, compassion, teamwork, and love of animals.
- 7. Applicants must submit an essay (approximately 250 words) describing how they have demonstrated the above characteristics.
- 8. Applicants must submit a reference letter from a teacher or a member of the community who has known the applicant for a minimum of one (1) year. The reference letter must address the writer's personal perception of the student's overall character. In addition, the reference letter should address the writer's perception of the student's capabilities and skills to succeed in their chosen field of study.

- 9. A transcript of the student's high school records must be supplied.
- 10. 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.
- 11. Applications must be completed and on file in the counselor's office by **March 15.** Failure to turn in a completed application by the due date will result in the student being ineligible to apply for this scholarship.
- 12. A scholarship award may be revoked by the DACF Board of Trustees because of:
  - a. Criminal or anti-social conduct of recipient,
  - b. Filing false information on application,
  - c. Scholastic inadequacy of a recipient,
  - d. 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 DACF 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.



## Marvin and Barbara Kaski Memorial Scholarship

#### **Crystal Falls Area Community Foundation** An affiliate of the Dickinson Area Community Foundation Completed applications must be submitted by March 15th

Date	
First and Last Name	
Mailing Address	
City State ZIP Code	
Home & Cell Phone	
Email address	
High School Attended	
GPA	
What athletic activities did you participate	in during high school?
What extra-curricular activities did you na	rticipate in? (Include both in-school activities and
volunteer activities in the community)	chelpare mi (menure both m sensor activities and
Did you work during the school year?	Comments:
If yes, how many hours per week during the school year:	e If yes, how many hours per week during the summer:

#### Name of school/college/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:

- 1. An essay (approximately 250 words) demonstrating your character in school and in the community.
- 2. A reference letter from a teacher/person (not a family member) who has known you for a minimum of one year. The letter must address the writer's personal perception of your overall character.
- 3. A copy of your high school transcript.

#### **Application Deadline**

All applications need to be submitted to the guidance counselor's office by March 15th.

#### Applicant 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/Guardian Application Form

Name of parent or guardian completing this form:	
Home address:	
Phone:	

# Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:

Please note here any additional information which may assist the scholarship selection committe	e
in consideration of the applicant:	

Parent/guardian agreement and 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 Marvin and Barbara Kaski Memorial Scholarship Committee.

Signature of Applicant: Date:	
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