



## **Anna & Caroline Schmid Memorial Scholarship**

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

*One or more scholarship recipient(s) will be chosen annually from Forest Park High School. The recipient(s) shall receive a renewable scholarship in an amount determined annually based upon earned income of the fund.*

### **Criteria:**

1. The recipient must be a graduating Forest Park High School Senior.
2. The recipient must have been accepted in a 2- or 4-year program at a college or university.
3. Applicants shall have demonstrated a strong work ethic throughout their high school years and must provide an acknowledging reference letter from a teacher recognizing their “strong work ethic”, and specific examples of such.
4. Applicants shall have demonstrated honesty, good citizenship and volunteerism in the community and must provide an acknowledging reference letter from a person (not a family member) who is familiar with the student recognizing these traits and citing specific examples of such.
5. Applicants must attach a personal statement which includes their comments on how their field of study relates to this scholarship.
6. A transcript of the applicant’s high school records must be supplied demonstrating the following traits: scholarship and commitment to his or her continuing education. Grade Point Average (GPA) shall **not** be a consideration for receiving this scholarship.
7. The financial need of the applicants shall be taken into consideration.
8. Applicants will be asked to write an essay on a topic to be determined by the Schmid Scholarship Committee. The writing competition will be held during non-school hours and interested students will be notified of the date and time for the essay competition.
9. The scholarship shall be a renewable award of four equal payments over a four-year period, providing the recipient remains eligible to receive the award. To remain eligible, the recipient must be a full-time student (12 or more credit hours per semester or the equivalent) and remain in good standing at their college or university. The recipient must submit an official transcript to Dickinson Area Community Foundation (DACF) by June 30th each year to confirm eligibility prior to award disbursement.

10. All applicants must adhere to Guidance Counselor deadlines. Failure to turn in a completed application by the due date will result in the student being ineligible to apply for this scholarship. Guidance Counselors, all completed applications must be returned to DACF by March 15.
11. A scholarship award may be revoked by the DACF 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.



# *Anna & Caroline Schmid Memorial Scholarship*

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<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home &amp; Cell Phone</b>	
<b>E-Mail (Required)</b>	
<b>What extra-curricular and community service activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable:</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours/week?</b>
<b>Name of college or university you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Intended field of study:</b>	
<b>Have you applied for other scholarships?</b>	
<b>Have you been granted a scholarship? If so, name of scholarship &amp; amount:</b>	

**Please include the following with the application:**

1. An acknowledging reference letter from a teacher recognizing your strong work ethic with specific examples.
2. An acknowledging reference letter from a person (not family) who is familiar with you recognizing your honesty, good citizenship, and volunteerism in the community.
3. A personal statement which includes your comments on how your field of study relates to this scholarship.
4. A copy of your high school transcripts.
5. A written essay on a topic to be determined by Schmid Scholarship Committee. See #8 on criteria sheet.

**Application Deadline**

**All applicants must adhere to the Guidance Counselor deadlines.** Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15.

**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 other extenuating circumstances that should be considered? If yes, please explain:**

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<p><b>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</b></p>
<p><b>Parent/Guardian Agreement &amp; Signature:</b></p>
<p>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.</p>
<p>Signature of parent or guardian:</p>
<p>Date:</p>

**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 Anna & Caroline Schmid Memorial Scholarship Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_