



Blomquist Family Scholarship Criteria

Dickinson Area Community Foundation

One 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 GPA 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 a completed application by this date will result in the student being ineligible to apply for this scholarship.
8. 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 for the renewable award, the recipient must be a full-time student (12 or more credit hours per semester or the equivalent) and maintain a minimum GPA of 3.0. The recipient must submit their official college transcript to DACF by June 30 of each year to confirm eligibility prior to award disbursement.
9. 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.
 - 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.
 - 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.



Blomquist Family Scholarship

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

Date			
Full Name			
Street Address			
City ST ZIP Code			
Home Phone			
Email Address			
High School Attended			
GPA			
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:			
Did you work during high school?	Comments:		
If yes, how many hours per week during the school year:	If yes, how many hours per week during the summer:		
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:

1. A reference letter from a teacher who has known you for a minimum of one 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. A transcript of your high school records.

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 any additional information which may assist the scholarship selection committee 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 Blomquist Family Scholarship Committee.

Signature of Applicant: _____ Date: _____