



Gary and Anne Rochon Scholarship Criteria

Dickinson Area Community Foundation

One or more scholarship recipient(s) will be chosen annually from North Dickinson High School. The award amount and the number of scholarships awarded will be determined by the Dickinson Area Community Foundation (DACF) Board of Trustees.

Eligibility:

1. The scholarship is available to graduating seniors of North Dickinson High School.
2. The recipient(s) must be pursuing a two- or four-year degree at an accredited college or university.
3. Applicants must have at least a 3.0 GPA and have demonstrated the capability to do college-level coursework.
4. A transcript of the student's high school records must be supplied.
5. Preference will be given to students going into a medical or health-related field. If no applicants are entering a medical field, applicants entering other fields may be considered.
6. Applicants must submit an essay on why they have chosen their field of study.
7. Applicants must submit a letter from a teacher (not family) who is familiar with the student and who has known the applicant for a minimum of one year. The reference letter must address the writer's perception of the student's capabilities and skills to succeed in their chosen field of study. In addition, the reference letter should address the writer's perception of the student's overall character.
8. The selection committee shall consider the applicant's moral character, including Christian foundation, as major factors in the decision-making process.
9. 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.
10. The scholarship shall be a renewable award with two equal payments over a one-year period, provided the student remains eligible to receive the award. To remain eligible for the second installment of the award, the recipient must be a full-time student and maintain a 2.50 or higher GPA. The recipient must submit their official college transcript to DACF to confirm eligibility prior to award disbursement.
11. Applications must be completed and on file in the counselor's office by **March 15**.
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. 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.



Gary and Anne Rochon Scholarship
Dickinson Area Community Foundation
Completed applications must be submitted by March 15th

Date	
First and Last Name	
Street Address	
City State ZIP Code	
Home & Cell Phone	
Email address	
GPA	
What extra-curricular activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable:	
Did you work during the school year?	If yes, how many hours per week?
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. A one-page essay, using 12-point font, double-spaced, demonstrating personal values and work ethic in school and in the community and what made you choose the program you are entering. Please also explain how this scholarship will help you meet that goal.
2. A copy of your high school transcripts.

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

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Please note here any additional statements which may assist the scholarship selection committee in consideration of the applicant:

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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 Gary and Anne Rochon Scholarship Committee.

Signature of Applicant: _____ Date: _____