



## **Henry Vielmetti Memorial Scholarship Criteria**

### **Norway Area Community Foundation an affiliate of the Dickinson Area Community Foundation**

*Established in 1995 by Alfio Vielmetti in memory of his father, Henry.  
One scholarship recipient will be chosen annually from Norway High School.  
The recipient shall receive a one-time scholarship award in an amount to be  
determined annually based upon earned income of the fund.*

#### **Eligibility:**

1. The applicant must be a graduating Norway High School senior.
2. The recipient must be committed to a program in an area of vocational/technical education.
3. The recipient must have demonstrated a potential for success by his/her work habits, responsibility, and character.
4. Applicants must submit a paragraph (approximately 150 to 250 words) on the reason they are applying for this scholarship: about their plans, financial need, their philosophy of life, extenuating circumstances in their home, and why they want more education beyond high school.
5. A transcript of the student's high school records must be supplied.
6. Financial need of the applicant **WILL** be considered in the selection process.
7. The scholarship is a one-time award and may not be renewed.
8. **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 Dickinson Area Community Foundation by **March 15.**
9. The selection committee will consist of the following:
  - High School Guidance Counselor
  - High School Vocational/Technical Instructors



# *Henry Vielmetti Memorial Scholarship*

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<b>Date</b>		
<b>Full Name</b>		
<b>Street Address</b>		
<b>City ST ZIP Code</b>		
<b>Email Address</b>		
<b>Home Phone</b>		
<b>High School Attended</b>		
<b>GPA</b>		
<b>Class Rank:</b>		<b>ACT Score:</b>
<b>Name of vocational/technical school you plan to attend:</b>		
<b>Have you been accepted?</b>		
<b>Leadership Experiences:</b>		
<b>Services to School:</b>		
<b>Services to Community:</b>		

<b>Career Goals after College:</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours/week?</b>
<b>Weekly earnings:</b>	<b>Do you have any savings for college?</b>
<b>Approximate amount of savings:</b>	
<b>Name of person(s) dependent upon your earnings (if any)?</b>	
<b>Will you work while attending college?</b>	<b>If so, for what portion of your expenses?</b>
<b>How much do you estimate it will cost you to go to the college of your choice for one year?</b>	
<b>Tuition &amp; Fees</b>	\$ _____
<b>Room &amp; Board</b>	\$ _____
<b>Books &amp; Supplies</b>	\$ _____
<b>Miscellaneous</b>	\$ _____
<b>Total:</b>	\$ _____
<b>Will you attend college if you do not receive a scholarship?</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. A paragraph on the reason you are applying for this scholarship: about your plans, financial need, your philosophy of life, extenuating circumstances in your home, and why you want more education beyond high school in 150-250 words.</li> <li>2. A copy of your high school transcripts.</li> </ol>	
<b>Application Deadline</b>	
All applications need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .	
<b>Applicant Agreement and Signature</b>	
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	

<b>Parent/Guardian Application Form</b>	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
<p>The purpose of supplying us with the following information is to determine if the applicant comes from a family of modest means. The information you supply will help the Vielmetti Scholarship Committee determine if the applicant qualifies. It will, therefore, be necessary to obtain confidential information from you. Your answers to the following questions will be treated as strictly confidential.</p>	
<p><b>What was the household total income for the year 20__? \$_____</b>  <b>Parent #1 _____ Parent #2 _____</b></p>	
<p><b>What was the source of the income?</b></p>	
<p><b>What was the general distribution of your income for 20__?</b></p>	
<p><b>Number of children at home (ages 1-18):</b></p>	
<p><b>Number of children in college?</b></p>	
<p><b>Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:</b></p>	
<p> </p>	
<p><b>Do you have a 529 Plan or college fund established?</b></p>	
<p><b>Are there savings, insurance policies or annuities intended for the college education of the applicant?</b></p>	
<p><b>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</b></p>	
<p> </p>	

<b>Parent/Guardian Agreement and Signature:</b>
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 Henry Vielmetti Memorial Scholarship Committee.

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