



## **Ron and Angie Tomassoni Memorial Scholarship Criteria**

### **Dickinson Area Community Foundation**

*One or more scholarship recipient(s) will be chosen annually. The recipient shall receive a one-time scholarship award in an amount to be determined annually based upon the earned income of the fund.*

#### **Eligibility:**

1. The scholarship is available to students from Iron Mountain High School and Kingsford High School who will be continuing his/her education in an accredited vocational/technical school or college/university.
2. Preference will be given to applicants who have participated in bowling on a local high school team and/or participated on a local bowling team for at least two bowling seasons, but participation on a bowling team is not required.
3. Applicants must have a minimum G.P.A. of 2.5 in high school.
4. Applicant may submit a statement describing the extent of their bowling career and listing their bowling achievements.
5. Applicants must submit two reference letters: One reference letter from a teacher and one reference letter from a person who is familiar with the student (not family). Each letter should address personal perception of the student's capabilities and the perception of the student's overall character.
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. 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.



## ***Ron and Angie Tomassoni Memorial Scholarship***

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

<b>Date</b>		
<b>Full Name</b>		
<b>Street Address</b>		
<b>City ST ZIP Code</b>		
<b>Home Phone</b>		
<b>Email Address</b>		
<b>High School Attended</b>		
<b>GPA:</b>		
<b>ACT:</b>		<b>SAT:</b>
<b>How many years have you participated on a bowling team?</b>		
<b>Bowling Achievements:</b>		
<b>Goals for the future:</b>		
<b>Name of college, university, or trade school 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>Please include the following with the application:</b>		
<ol style="list-style-type: none"><li>1. Two reference letters: One reference letter from a teacher and one reference letter from a person who is familiar with the student (not family). Each letter should address personal perception of the student's capabilities and the perception of the student's overall character.</li><li>2. Applicant may submit a statement describing the extent of their bowling career and listing their bowling achievements.</li></ol>		

3. A copy of the applicant's high school transcripts.	
<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:	
<b>Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:</b>	
<b>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</b>	
<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 Ron and Angie Tomassoni Memorial Scholarship Committee.

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