



Bill Baciak Memorial Scholarship Criteria

Dickinson Area Community Foundation

One or more Scholarship recipient(s) will be chosen annually from Norway High School and/or Kingsford High School. The recipient(s) shall receive a one-time scholarship award in an amount to be determined annually based upon the earned income of the fund.

Eligibility:

1. Applicants must have been accepted at an accredited 2- or 4-year vocational/technical school in one of the following trade fields: mechanical, electrical, and industrial mechanics.
2. Applicant must have attended the Dickinson-Iron Technical Education Center for two years or more.
3. Applicants must have a 2.5 or higher G.P.A. in high school.
4. Applicants must submit a reference letter from a teacher who has known the applicant for a minimum of one 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.
5. Applicants must submit a brief statement/essay stating what vocational/ technical field they will be pursuing and how they would benefit from receiving this scholarship for their future plans.
6. 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.
7. A transcript of the student's high school records must be supplied.
8. All completed applications must be turned in 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.
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.
 - 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.



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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	
Name of vocational/technical school you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
How many years have you attended the vocational/technical center?	
What classes have you taken at the vocational/technical center?	
Did you work during the school year?	
Weekly earnings:	
Approximate amount of savings:	
Name of person(s) dependent upon your earnings (if any):	

Will you work while attending college?	
If so, for what portion of your expenses?	
How much do you estimate it will cost you to go to the college of your choice for one year?	
Tuition & Fees	\$ _____
Room & Board	\$ _____
Books & Supplies	\$ _____
Miscellaneous	\$ _____
Total:	\$ _____
Will you attend college if you do not receive a scholarship?	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A reference letter from a teacher who has known you for a minimum of one (1) 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 Bill Baciak Memorial 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:	
The purpose of supplying us with the following information is to determine if the applicant comes from a family of modest means. It will, therefore, be necessary to obtain confidential information. The information you supply will help the Baciak Scholarship Committee assess how the applicant meets the scholarship criteria. Your answers to the following questions will be treated as strictly confidential.	
What was the family income for the year 20__ ? \$ _____	

What was the source of the income?
What was the general distribution of your income for 20__ ?
Do you have any other dependents or other extenuating circumstances that should be considered? If yes, please explain:
Note here 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 Bill Baciak Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____