



Crystal Falls/Forest Park School Retired Teachers Scholarship

**Crystal Falls Area Community Foundation
an affiliate of the Dickinson Area Community Foundation**

One or more scholarship recipient(s) will be chosen annually from Forest Park High School. The recipient(s) will receive a one-time scholarship award. The amount of the award will be determined based upon the earned income of the fund.

Criteria:

1. The recipient must be a graduating Forest Park High School Senior.
2. The applicant must be entering an educational program in an education or health-related field of study.
3. A transcript of the applicant's high school records must be supplied. Grade Point Average (GPA) shall **not** be a major consideration for receiving this scholarship.
4. The applicant shall have demonstrated a good work ethic throughout their high school years and must provide an acknowledging reference letter from a teacher recognizing their "good work ethic", and specific examples of such.
5. The applicant must have one character reference from a teacher and one from a person who is familiar with the student (not family).
6. The applicant must provide a three-paragraph personal statement outlining reasons for pursuing their selected field.
7. **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.**
8. 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.
 - 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 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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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
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 the school year?	If yes, how many hours/week?
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. An acknowledging reference letter from a teacher recognizing your good work ethic with examples.
2. Two character references: one from a teacher and one from a person familiar with the student who is not a family member.
3. A three-paragraph personal statement outlining reasons for pursuing a degree in either the field of education or health.
4. A copy of your high school transcript.

Application Deadline

All applicants must adhere to the Guidance Counselor deadlines. Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15.

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:

Please 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 Crystal Falls / Forest Park Retired Teachers Scholarship Committee.

Signature of Applicant: _____ Date: _____