



Carolee Dodge Francis Youth Community Service Scholarship Criteria

Dickinson Area Community Foundation

One or more scholarship recipient(s) will be chosen annually from Iron Mountain, Kingsford, Forest Park, Norway, and/or North Dickinson High School. The award amount and the number of scholarships to be awarded will be determined annually by the Dickinson Area Community Foundation (DACF) Board of Trustees.

Eligibility:

1. The student must have been accepted in a college, university, or vocational / technical school.
2. The student must be a graduating Iron Mountain, Kingsford, Forest Park, Norway or North Dickinson High School Senior.
3. All graduating seniors are eligible to apply. Selection of the recipient is based upon community service and volunteerism only. Class rank, GPA, and/or financial status will NOT be factors in selecting the recipient.
4. The student shall have demonstrated service to the community. Documentation must be provided through an acknowledging reference letter from a person who is familiar with the student (not family). The letter must recognize the student's commitment to the community and cite specific examples of the service(s) the student has provided to the community.
5. A transcript of the student's high school records must be supplied.
6. The student must attach a brief statement (3-4 paragraphs) addressing the following:
 - How have the services you provided to the community impacted the community?
 - How have the services you have provided to the community impacted you?
 - What suggestion do you have for involving young people in community service in the future?
7. This scholarship is not renewable. The scholarship payment will be payable in full directly to the college/university/school the recipient is attending.
8. 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.
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.
 - For such other good cause as the DACF 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.



***Carolee Dodge Francis Youth Community Service
Scholarship***

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

Date	
Full Name	
Home Address	
City ST ZIP Code	
Home Phone	
Email Address	
High School Attended	
Name of college/university/vocational/technical school you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Please include the following with the application:	
<ol style="list-style-type: none">1. What community service activities have you provided or participated in? You must provide documentation for each activity listed through an acknowledging reference letter from a person who is familiar with you (not family). The letter must recognize your commitment to the community and must cite specific examples of the service(s) you have provided to the community.2. Attach a personal statement (3-4 paragraphs) addressing the following:<ul style="list-style-type: none">• How have the services you provided to the community impacted the community?• How have the services you have provided to the community impacted you?• What suggestions do you have for involving young people in community service in the future?3. Provide a transcript of your high school records.	
Application Deadline	
All applications need to be submitted to the school guidance counselor's office by March 15.	

Agreement and Signature of Applicant	
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:	
Agreement & Signature of Parent/Guardian:	
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 Carolee Dodge Francis Youth Community Service Scholarship Committee.

Signature of Applicant: _____ Date: _____