



Dahms Family Scholarship

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

One or more scholarship recipient(s) may be chosen annually from Forest Park High School. The award amount is determined annually based upon the earnings of the fund.

Eligibility:

1. Applicants must be a graduating senior of Forest Park High School or a resident of Eastern Iron County which consists of Alpha, Crystal Falls, and Amasa.
2. The intent of the Dahms Family Scholarship is to provide financial aid to applicants who otherwise might not receive any other scholarships due to GPA or class ranking. The Scholarship Selection Committee shall strive to meet the Donors' wishes before granting the scholarship in any other manner.
3. The recipient must have been accepted in a post-high school training program of at least one school year in length. Preference will be given to students pursuing a 1- or 2-year program in a vocational/trade/technical area.
4. The recipient must attend their selected training program during the year immediately following his/her high school graduation, beginning with the first regular semester or term.
5. Recipients must provide verification of registration into their selected school before payment is issued.
6. The scholarship shall be a renewable award of two equal payments over two semesters, providing the recipient remains eligible to receive the award. Payment of one half of the scholarship will be made to the recipient's school of choice prior to the first semester. The recipient must submit their official school transcript to Dickinson Area Community Foundation (DACF) to confirm eligibility prior to the second award disbursement.
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 Board of Trustees of the Crystal Falls Area Community Fund and/or Dickinson Area Community Foundation 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 Phone	
GPA: Preference is given to "C" GPA students	
Name of vocational or trade school you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A copy of your high school transcripts. 2. Verification of registration into your selected school, if available. Verification of registration must be received before payment is issued. 	
Application Deadline	
<u>All applicants must adhere to the Guidance Counselor deadlines.</u> 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 Dahms Family Scholarship Committee.

Signature of Applicant: _____ Date: _____