



Grace United Methodist / Ethel C. Lind Memorial Scholarship Criteria

Dickinson Area Community Foundation

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

Eligibility:

1. Individuals applying need not be recent high school graduates. However, the student must be continuing his/her education at any 1-2 year or 4-year technical school, college or university.
2. Greater consideration will be given to a Grace UMC parishioner, although others may apply. Monetary amounts may vary as well based on participation in the life of the church and the number of students receiving an award.
3. Applicants should include a letter of recommendation from an adult member of Grace United Methodist Church.
4. Selection of the recipient(s) shall be based on financial need as well as academic performance and extra-curricular activities as the scholarship advisory committee may determine.
5. Applications must be completed, signed by the applicant and a parent or guardian, and on file in the Guidance Office by March 15. Failure to turn in a completed application by this date will result in the student being ineligible to apply for this scholarship.
6. Not everyone who applies is guaranteed an award.
7. A scholarship award may be revoked by the Scholarship Committee and/or the Dickinson Area Community Foundation 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 Scholarship Committee and/or DACF Board may, in its sole discretion, determine.

Revocation shall be by the action of a majority of the members of the Committee and/or Board of Trustees of the Dickinson Area Community Foundation, 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.



Ethel C. Lind Memorial Scholarship

Dickinson Area Community Foundation

Completed applications must be submitted by March 15th

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
Email Address	
High School Attended	
What extra-curricular activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable:	
Name of college or university you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
What is your connection, if any, with Grace United Methodist Church?	
Are you presently involved in the church life at Grace United Methodist Church?	

Please include the following with the application:	
<ol style="list-style-type: none"> 1. A letter of recommendation from an adult member of Grace United Methodist Church. 2. 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:	
Do you have any other dependents or other extenuating circumstances that should be considered? If yes, please explain:	
Please note here any additional statements 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 Grace United Methodist/Ethel C. Lind Memorial Scholarship Advisory Board.

Signature of Applicant: _____ Date: _____