



Amasa Gibsons Scholarship Criteria
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 award amount is determined annually based upon the earnings of the fund.

Eligibility:

1. The applicant must be a graduating Forest Park High School Senior.
2. The student chosen must have been accepted in a 2- or 4-year program at a college or university.
3. First preference shall be given to students who reside in Hematite Township.
4. The student must attach a personal statement which includes their comments on how their field of study relates to this scholarship.
5. The scholarship shall be a renewable award of two equal payments over a two-year period, providing the recipient remains eligible to receive the award. To remain eligible for the renewable award, the recipient must be a full-time student (12 or more credit hours per semester or the equivalent) and maintain a minimum GPA of 2.50 (on a 4-point scale). The recipient must submit their official college transcript to Dickinson Area Community Foundation (DACF) each year to confirm eligibility prior to award disbursement.
6. 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 for this scholarship. Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation by March 15.
7. 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 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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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
GPA	
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. A personal statement which includes your comments on how your field of study relates to this scholarship.
2. A copy of you 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)	
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Signature	
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Date	
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Parent/Guardian Application Form

Name of parent or guardian completing this form:	
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Home address:	
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Phone:	
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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 Amasa Gibson Scholarship Committee.

Signature of Applicant: _____ Date: _____