



## Christ United Methodist Church's Gladys Henskey Memorial Scholarship

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

*One scholarship recipient may be chosen annually. The award amount is determined annually based upon the earnings of the fund.*

### Criteria:

1. Applicants will be considered regardless of age.
2. Applicants will **not** be limited to high school seniors.
3. Applicants will **not** be limited to any place of residence.
4. Applicants must have been accepted into a 2- or 4-year program at a college or university.
5. Applicant's field of study must be in a curriculum leading to a degree in a field of service to people or a community of people.
6. Applicants must attach a Personal Statement, which includes their comments on how their field of study will lead to a degree in a field of service to people or a community of people.
7. The recipient is expected to attend a service of Christ United Methodist Church to receive the scholarship award.
8. **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.**
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 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.



***Christ United Methodist Gladys Henskey  
Memorial Scholarship***

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

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home &amp; Cell Phone</b>	
<b>E-Mail (Required)</b>	
<b>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:</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours/week?</b>
<b>Name of college or university you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Intended field of study:</b>	
<b>Have you applied for other scholarships?</b>	
<b>Have you been granted a scholarship? If so, name of scholarship &amp; amount:</b>	

**Please include the following with the application:**

1. A personal statement which includes your comments on how your field of study will lead to a degree in a field of service to people or a community of people.
2. A copy of your high school transcripts.

**The recipient of this scholarship must attend a service at the Christ United Methodist Church to receive the scholarship award. Is this acceptable to you?            Yes            No**

**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:**

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**Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:**

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<b>Parent/Guardian Agreement and Signature:</b>
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 Christ United Methodist Gladys Henskey Memorial Scholarship Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_