



## **Golden “K” Scholarship Criteria**

### **Dickinson Area Community Foundation**

*The Dickinson County Golden K Kiwanis Club will award one scholarship to a worthy graduate attending Bay de Noc Community College pursuing a career in either an academic or technical field. The scholarship award will be made in one payment. The amount will be determined annually based on the earned income of the fund.*

#### **Eligibility:**

1. The applicant must be a graduating senior from Florence, Iron Mountain, Kingsford, Niagara, or Norway High Schools.
2. The applicant must be accepted at and planning to attend Bay de Noc Community College. Preference will be given to students planning to attend Bay de Noc Community College **West** Campus.
3. The applicant must have at least a “C” (2.0) Grade Point Average (GPA). Applicants must provide a transcript in support of this requirement.
4. There must be financial need.
5. The applicant must be of good moral character.
6. The applicant must be a credit to his/her school and community.
7. The applicant must provide names, addresses and phone numbers of two individuals who may be contacted as personal references.
8. The applicant must prepare an autobiographical statement of approximately 250 words. The statement should include information the applicant feels should be brought to the attention of the Golden “K” selection committee.
9. All completed applications must be returned to the Guidance Office by **March 15th**. Failure to turn in a completed application by the due date will result in the student being ineligible to apply for this scholarship.
10. The Scholarship recipient of the Golden K award will be selected by the Golden “K” Scholarship Committee. The recipient will be asked to attend a Golden K meeting.
11. 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.
  - Scholastic inadequacy of a recipient.
  - 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.



## ***Golden K Scholarship***

**Dickinson Area Community Foundation**

**Completed applications must be submitted by March 15<sup>th</sup>.**

<b>Date</b>			
<b>Full Name</b>			
<b>Street Address</b>			
<b>City ST ZIP Code</b>			
<b>Home Phone</b>			
<b>Email Address</b>			
<b>High School Attended</b>			
<b>GPA</b>			
<b>ACT Score (if applicable)</b>		<b>SAT Score (if applicable)</b>	
<b>What extra-curricular 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, employer name:</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 provide the names, addresses, and phone numbers of two individuals we may contact as references:**

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

1. Attach an autobiographical statement of 250 words in which you present information you feel should be brought to the attention of the committee.
2. Please attach a transcript of your high school records.

**Application deadline**

All applications need to be submitted to the guidance counselor's office **by March 15<sup>th</sup>**.

**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 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:**

<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 Golden K Scholarship Selection Committee.

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