



Dahms Family Scholarship Fund

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

Selection Criteria:

One (1) or more scholarship recipient(s) may be chosen annually from Forest Park High School, depending upon funds available. Exact award amount is determined annually based upon earnings in Fund.

Eligibility:

1. The student chosen 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 1 or 2 year program in the vocational/trade/technical areas.
2. The student must attend the training program during the year immediately following his/her highschool graduation, beginning with the first regular semester or term.
3. Scholarship recipients must be a graduate of Forest Park High School or a resident of Eastern Iron County which consists of Alpha, Crystal Falls and Amasa.
4. 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.
5. Payment of one half of the scholarship is made to the recipient in mid-August or as soon as the recipient provides verification of registration. The remainder of the annual scholarship is paid at the beginning of the second semester once an **official transcript** verifying of successful completion of the first semester is provided to the Dickinson Area Community Foundation, 220 E Hughitt Street, Iron Mountain, MI 49801 (Phone: 906-774-3131).
6. **All applicants must adhere to Guidance Counselor deadlines.** *Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.*

*Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation **by March 15.***

Addendum:

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	
E-Mail (Required)	
GPA: Limited to "C" GPA students only	
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:	
1. Copy of high school transcripts	
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:	
E-Mail:	
Do you have any other dependents or other extenuating circumstances that should be considered? If yes, please explain:	
Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:	
Parent/Guardian Agreement & 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: _____