



Ethel C. Lind Memorial Scholarship Criteria

Established by Grace United Methodist Church (now Grace Methodist Church of Norway) in memory of Ethel C. Lind. One or more scholarship recipients will be chosen annually. The recipient(s) shall receive a one-time scholarship in an amount to be determined annually based on the income of the fund.

Criteria:

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 Methodist Church 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 Methodist Church of Norway.
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. 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 DACF by March 15th.
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

Established by Grace United Methodist Church of Norway

Date	
Full Name	
Street Address	
City ST ZIP Code	
Phone	
Email Address	
High School Attended	
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.	
Name of school, 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 Methodist Church of Norway?	

Are you presently involved in the church life of Grace Methodist Church of Norway?	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A letter of recommendation from an adult member of Grace Methodist Church of Norway. 2. A transcript of your high school records. 	
Application Deadline	
All applicants must adhere to the Guidance Counselor deadlines. Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15 th .	
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 information which may assist the scholarship selection committee in consideration of the applicant:

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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 Ethel C. Lind Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____