



Carolee Dodge Francis Youth Community Service Scholarship Criteria

Established in 2003 by Dr. Carolee Dodge Francis, the first director of the Dickinson Area Community Foundation. One or more scholarship recipient(s) will be chosen annually from Iron Mountain, Kingsford, Forest Park, Norway, and/or North Dickinson High Schools.

Criteria:

1. The applicant must be a graduating Iron Mountain, Kingsford, Forest Park, Norway or North Dickinson High School senior.
2. The applicant must have been accepted in a college, university, or vocational/technical school.
3. All graduating seniors are eligible to apply. Selection of the recipient is based upon community service and volunteerism only. Class rank, GPA, and/or financial status will NOT be factors in selecting the recipient.
4. The applicant shall have demonstrated service to the community. Documentation must be provided through an acknowledging reference letter from a person who is familiar with the student (not family). The letter must recognize the student's commitment to the community and cite specific examples of the service(s) the student has provided to the community.
5. A transcript of the student's high school records must be provided.
6. The applicant must attach a brief statement (3-4 paragraphs) addressing the following:
 - How have the services you provided to the community impacted the community?
 - How have the services you have provided to the community impacted you?
 - What suggestion do you have for involving young people in community service in the future?
7. This scholarship is not renewable. The scholarship payment will be payable in full directly to the college/university/school the recipient is attending.
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 for this scholarship. Guidance Counselors, all completed applications must be returned to DACF by March 15th.

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 DACF 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.



Carolee Dodge Francis Youth Community Service Scholarship

Date	
Full Name	
Street Address	
City ST ZIP Code	
Phone	
Email Address	
High School Attended	
Name of college/university/technical/vocational school you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. What community service activities have you provided or participated in? You must provide documentation for each activity listed through an acknowledging reference letter from a person who is familiar with you (not family). The letter must recognize your commitment to the community and must cite specific examples of the service(s) you have provided to the community. 2. Attach a personal statement (3-4 paragraphs) addressing the following: <ol style="list-style-type: none"> a. How have the services you provided to the community impacted the community? b. How have the services you have provided to the community impacted you? c. What suggestions do you have for involving young people in community service in the future? 3. Provide 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:	
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 Carolee Dodge Francis Youth Community Service Scholarship Committee.

Signature of Applicant: _____ Date: _____