



## **Ron Caviani Scholarship Criteria**

***One scholarship recipient will be chosen annually. The recipient shall receive either a one-time or a renewable scholarship award in an amount to be determined annually based upon earned income of the fund.***

### **Criteria:**

1. The scholarship is available to graduating seniors who are enrolled in Jazz Band classes at Iron Mountain, Kingsford or Norway High Schools.
2. The recipient must be entering a degree-granting program at a four-year post-secondary institution of higher learning and must continue participation in a university/college-sponsored performing ensemble.
3. The scholarship candidate must have a minimum GPA of 2.5.
4. Applicants must submit an essay explaining how music has played a part in their life and how they plan to incorporate music in the future.
5. A transcript of the student's high school records must be provided.
6. Applicants must include a recommendation from their band instructor with the scholarship application.
7. 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 15<sup>th</sup>.
8. 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.



## Ron Caviani Scholarship

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Phone</b>	
<b>Email Address</b>	
<b>High School Attended</b>	
<b>GPA</b>	
<b>Please list your extracurricular musical activities (include musical involvement in your community):</b>	
<b>What other extra-curricular and community service activities did you participate in? Include in-school activities and activities outside of school.</b>	
<b>How do you plan to relate music to your future goals?</b>	

<b>What are your plans for continuing participation in a university/college sponsored musical program?</b>	
<b>What are your career goals?</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>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. An essay explaining how music has played a part in your life and how you plan to incorporate music in your life in the future.</li> <li>2. A written recommendation from your band instructor.</li> <li>3. A transcript of your high school records.</li> </ol>	
<b>Application Deadline</b>	
<b>All applicants must adhere to the Guidance Counselor deadlines.</b> Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15 <sup>th</sup> .	
<b>Applicant Agreement and Signature</b>	
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	

<b>Parent/Guardian Application Form</b>	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
<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 Ron Caviani Scholarship Committee.

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