



## **Waves Memorial Swim Scholarship Criteria**

***One or more scholarship recipient(s) will be chosen annually from students who have participated on a local swim team. Recipients will receive a one-time scholarship award.***

### **Criteria:**

1. This scholarship is available to graduating seniors of Niagara, Florence, North Dickinson, Pembine, Iron Mountain, Kingsford, Norway, and Forest Park High Schools who will be continuing their education at an accredited vocational/technical school or college/university.
2. Applicants must have a minimum G.P.A. of 2.5 in high school.
3. Applicants must have participated in swimming on a local high school team and/or participated on the local YMCA team for at least two swim seasons.
4. Applicant must submit a statement describing the extent of their swimming career and listing their swimming achievements.
5. Applicants must submit two reference letters: One reference letter from a teacher and one reference letter from a person who is familiar with the student (not family). Each letter should address personal perception of the student's capabilities and the perception of the student's overall character.
6. A transcript of the student's high school records must be supplied.
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.
  - 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.



## Waves Memorial Swim 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>ACT:</b>   | <b>SAT:</b> |  |
| <b>How many years have you participated on a swim team?</b> |             |  |
| <b>Swimming Achievements:</b>                               |             |  |
|   |             |  |
| <b>Goals for the Future:</b>                                |             |  |
|   |             |  |
| <b>Name of college or university you plan to attend:</b>    |             |  |
| Have you applied for admission?                             |             |  |
| Have you been accepted?                                     |             |  |
| <b>Intended field of study:</b>                             |             |  |

|   |  |
|---|--|
| <b>Please include the following with the application:</b>   |  |
| <ol style="list-style-type: none"> <li>1. Two reference letters: One reference letter from a teacher and one reference letter from a person who is familiar with the student (not family). Each letter should address personal perception of the student's capabilities and the perception of the student's overall character.</li> <li>2. The applicant must submit a statement describing the extent of their swimming career and listing their swimming achievements.</li> <li>3. Include a copy of the applicant's high school transcript.</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>Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:</b>   |  |
|   |  |
| <b>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</b>  |  |
|   |  |

**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 Waves Memorial Swim Scholarship Committee.

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