



Crystal Kay Charlevoix Memorial Scholarship

The scholarship will be offered to Norway High School and to North Dickinson High School in alternating years. Preference will be given to applicants who are entering a “trades” field through an apprenticeship, certification, or associate degree program. The recipient(s) will receive a one-time scholarship award.

Criteria:

1. The scholarship is available to graduating seniors from Norway High School and North Dickinson High School in alternating years, beginning with Norway High School in 2025. As the scholarship fund grows over time, two awards may be given out each year (one to each school).
2. Preference will be given to applicants who are entering a “trades” field through an apprenticeship, certification, or associate degree program. Examples include (but are not limited to) cosmetology, truck driving school, welding, electrical line technician training, or police academy training. Students who have been accepted at an accredited two- or four-year college or university may also apply.
3. Applicants must submit a one-page essay on why they have chosen their field of study.
4. Applicants must submit a reference letter from a teacher/person who has known the applicant for a minimum of one year. The reference letter must address the teacher’s personal perception of the student’s capabilities and skills to succeed in their chosen field. In addition, the reference letter should address the teacher’s perception of the student’s overall character.
5. The financial need of the applicant shall not be a factor in the selection of recipients.
6. Recipient selection shall not be based on academic achievement, but rather on the applicant’s potential to succeed in their chosen training. This should be considered when reviewing the grammatical content of the submitted essay.
7. A transcript of the student’s high school records must be provided.
8. All applicants must adhere to Guidance Counselor deadlines. Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation by **March 15th**.

9. The scholarship is a one-time award only and may not be renewed.
10. A scholarship award may be revoked by the DACF Board of Trustees because of:
 - a. Criminal or anti-social conduct of recipient,
 - b. Filing false information on application,
 - c. 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.



Crystal Kay Charlevoix Memorial Scholarship

Date			
First and Last Name			
Mailing Address			
City State ZIP Code			
Home & Cell Phone			
Email address			
High School Attended			
What extra-curricular activities did you participate in? Include both in-school activities and volunteer activities in the community. List position held, if applicable.			
Did you work during high school?		Comments:	
If yes, how many hours per week during the school year:		If yes, how many hours per week during the summer:	
Name of school/college/university you plan to attend:			
Have you applied for admission?			
Have you been accepted?			
Intended field of study:			
Have you applied for other scholarships?			
Have you been granted a scholarship? If so, name of scholarship & amount:			

Please include the following with the application:

1. A one-page essay, using 12-point font, double-spaced, demonstrating your work ethic in school and in the community and what made you choose the field of study, vocational, or trade program you are entering.
2. A reference letter from a teacher/person (not a family member) who has known you for a minimum of one year. The letter must address the writer's personal perception of your capabilities and skills to succeed in your chosen field. In addition, the reference letter should address the writer's perception of your overall character.
3. A copy of your high school transcript.

Application Deadline

All applicants must adhere to the Guidance Counselor deadlines. Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15th.

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 Crystal Kay Charlevoix Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____