



## **Donna L. Manko-Lusardi Scholarship**

### **Dickinson Area Community Foundation**

*One or more scholarship recipient(s) will be chosen annually. The recipient(s) will receive a one-time scholarship award. The award amount and the number of scholarships awarded will be determined by the Dickinson Area Community Foundation (DACF) Board of Trustees and the Scholarship Selection Committee.*

#### **Criteria:**

1. The scholarship is available to graduating seniors of Kingsford, Iron Mountain, Norway, Niagara, North Dickinson, or Florence High Schools.
2. The scholarship is for a one-year period only and may not be renewed.
3. The recipient(s) must be pursuing a career in nursing, respiratory therapy, or x-ray technology.
4. Applicants must have at least a 2.0 G.P.A. and have demonstrated the capability to do college-level coursework/ succeed in their chosen program.
5. A transcript of the student's high school records must be supplied.
6. Applicants must submit an essay on why they have chosen their field of study.
7. Applicants must submit three letters of recommendation from people (not family) who are familiar with the student. The reference letters must address the writer's perception of the student's capabilities and skills to succeed in their chosen field of study. In addition, the reference letters should address the writer's perception of the student's overall character.
8. The individual financial need of the applicant for scholarship assistance shall be one of the main considerations of the scholarship committee when applicants have met all other criteria for the scholarship.
9. Applications must be completed and on file in the counselor's office by **March 15**. Failure to turn in a completed application by the due date will result in the student being ineligible to apply for this scholarship.
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. Scholastic inadequacy of a recipient,
  - d. 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.



## ***Donna L. Manko-Lusardi Scholarship***

**Dickinson Area Community Foundation**  
**Completed applications must be submitted by March 15th**

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

**Please include the following with the application:**

1. A double-spaced essay, using 12-point font, of approximately 100 words on how you were influenced to pursue your chosen career, what most interests you about this career, and your long-term goals for this career.
2. Three letters of recommendation from people (not family) who are familiar with the student. The reference letters must address the writer's perception of the student's capabilities and skills to succeed in their chosen field of study. In addition, the reference letters should address the writer's perception of the student's overall character.
3. A copy of your high school transcript.

**Application Deadline**

All applications need to be submitted to the guidance counselor's office **by March 15<sup>th</sup>**.

**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:

**Family Income and Information:**

Please check which category your family income falls into:

- \$0 to \$35,000
- \$35,001 to \$45,000
- \$45,001 to \$60,000
- \$60,001 to \$80,000
- over \$80,000

**Do you have any other dependents or other 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 Donna L. Manko-Lusardi Scholarship Committee.

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