



## **Kingsford High School Scholarship Criteria**

***One or more scholarship recipient(s) will be chosen annually from Kingsford High School seniors who are pursuing a career in a medical field.***

***The recipient(s) shall receive a renewable scholarship award in an amount to be determined annually based upon the earned income of the fund.***

### **Criteria:**

1. The applicant must be a graduating Kingsford High School senior.
2. The applicant must be pursuing a career in the medical field.
3. The applicant must have a GPA of at least 3.00.
4. The applicant must attach a personal statement (approximately 150 words) explaining why they are interested in pursuing a degree in the medical field.
5. A transcript of the student's high school records must be provided.
6. The applicant must have one character reference from a teacher and one from a person who is familiar with the student (not family).
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. To remain eligible for the renewable award, the recipient must be a full-time student (12 or more credit hours per semester or the equivalent), maintain a minimum GPA of 2.75, and continue to major in a medical field. The recipient must submit their official college transcript to Dickinson Area Community Foundation (DACF) at the end of each spring semester (deadline June 30<sup>th</sup>) to confirm eligibility.
9. Applications will be evaluated according to the following guidelines: 50% Academic; 25% Citizenship; and 25% School Activities.
10. 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.

- Failure to provide the Dickinson Area Community Foundation with documents and verification as specified in the Foundation's established policies for renewing scholarships,
- 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.



## Kingsford High School 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>Class Rank</b>	<b>Number of students in class:</b>		
<b>What extra-curricular and community service activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable.</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>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 and amount:</b>			

<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. Please attach one character reference from a teacher and one from a person who is familiar with you (this cannot be a family member).</li> <li>2. Attach a personal statement (approximately 150 words) explaining why you are interested in pursuing a degree in the medical field.</li> <li>3. Please attach a copy of your high school transcripts.</li> </ol>	
<b>Application Deadline</b>	
<p><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>.</p>	
<b>Applicant Agreement and Signature</b>	
<p>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.</p>	
Name (printed)	
Signature	
Date	
<b>Parent/Guardian Application Form</b>	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
<p><b>Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:</b></p>	
<p><b>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</b></p>	

**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 Kingsford High School Scholarship Committee.

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