



Bill Baciak Memorial Scholarship Criteria

One or more scholarship recipient(s) will be chosen annually from Norway High School and/or Kingsford High School. The recipient(s) shall receive a one-time scholarship award in an amount to be determined annually.

Criteria:

1. Applicants must be seniors graduating from Norway High School or Kingsford High School and have attended the Dickinson-Iron Technical Education Center for two years or more.
2. Applicants must have been accepted at an accredited 2- or 4-year vocational/technical school in one of the following trade fields: mechanical, electrical, or industrial mechanics.
3. Applicants must have a 2.5 or higher G.P.A. in high school.
4. Applicants must submit a reference letter from a teacher 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 of study. In addition, the reference letter should address the teacher's perception of the student's overall character.
5. Applicants must submit a brief statement/essay stating what vocational/technical field they will be pursuing and how they would benefit from receiving this scholarship for their future plans.
6. A transcript of the student's high school records must be provided.
7. The financial need of the applicant shall be a factor in the selection of students for the scholarship, but not the sole factor, as outstanding academic achievement and strength of character shall also be considered major factors in student selection.
8. 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 15th.
9. The **Bill Baciak Memorial Scholarship** award will be awarded after the recipient's first semester of college/university is complete. Recipients shall be required to maintain a full-time student course load and a minimum G.P.A. of 2.50. Recipients must provide the Dickinson Area Community Foundation with verification of their full-time status and required G.P.A. in accordance with the Foundation's established policies for renewing scholarships. Failure

to provide verification in accordance with the Foundation's established policies shall result in the loss of the scholarship.

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.
- 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.



Bill Baciak Memorial Scholarship

Date	
Full Name	
Street Address	
City ST ZIP Code	
Phone	
Email Address	
High School Attended	
GPA	
Name of vocational/technical school you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
How many years have you attended the vocational/technical center?	
What classes have you taken at the vocational/technical center?	
Did you work during the school year?	
Weekly earnings:	
Approximate amount of savings:	
Name of person(s) dependent upon your earnings (if any):	
Will you work while attending college?	
If so, for what portion of your expenses?	

How much do you estimate it will cost you to go to the college of your choice for one year?

Tuition & Fees	\$ _____
Room & Board	\$ _____
Books & Supplies	\$ _____
Miscellaneous	\$ _____
Total:	\$ _____

Will you attend college if you do not receive a scholarship?

Please include the following with the application:

1. A reference letter from a teacher who has known you for a minimum of one year. The letter must address the teacher's personal perception of your capabilities and skills to succeed in your chosen field of study. In addition, the reference letter should address the teacher's perception of your overall character.
2. Attach a brief statement/essay stating why you qualify for the Bill Baciak Memorial Scholarship and how you would benefit from receiving it.
3. A transcript of your high school records.

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:	

The purpose of supplying us with the following information is to determine if the applicant comes from a family of modest means. It will, therefore, be necessary to obtain confidential information. The information you supply will help the Baciak Scholarship Committee assess how the applicant meets the scholarship criteria. Your answers to the following questions will be treated as strictly confidential.
What was the family income for the year 20__ ? \$
What was the source of the income?
What was the general distribution of your income for 20__ ?
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 Bill Baciak Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____