



Ron and Angie Tomassoni Memorial Scholarship Criteria

One or more scholarship recipient(s) will be chosen annually. The recipient shall receive a one-time scholarship award in an amount to be determined annually based upon the earned income of the fund.

Criteria:

1. The scholarship is available to students from Iron Mountain High School and Kingsford High School who will be continuing their education in an accredited vocational/technical school or college/university.
2. Preference will be given to applicants who have participated in bowling on a local high school team and/or participated on a local bowling team for at least two bowling seasons, but participation on a bowling team is not required.
3. Applicants must have a minimum G.P.A. of 2.5 in high school.
4. Applicant may submit a statement describing the extent of their bowling career and listing their bowling 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 15th.
8. 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.



Ron and Angie Tomassoni Memorial Scholarship

Date		
Full Name		
Street Address		
City ST ZIP Code		
Phone		
Email Address		
High School Attended		
GPA		
ACT:		SAT:
How many years have you participated on a bowling team?		
Bowling Achievements		
Goals for the Future:		
Name of college, university, or trade school you plan to attend:		
Have you applied for admission?		
Have you been accepted?		
Intended field of study:		

Please include the following with the application:	
<ol style="list-style-type: none"> 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. 2. Applicants may submit a statement describing the extent of their bowling career and listing their bowling achievements. 3. A copy of the applicant's 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 15 th .	
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 Ron and Angie Tomassoni Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____