



Lillian Galbraith Community Service Scholarship

Crystal Falls Area Community Foundation
an affiliate of the Dickinson Area Community Foundation

One scholarship recipient will be chosen annually from Forest Park High School from applicants who have demonstrated service to the community.

Criteria:

1. The applicant must be a graduating Forest Park High School senior or a resident of eastern Iron County (Alpha, Crystal Falls, or Amasa).
2. The applicant must have been accepted in a public institution of higher learning in the State of Michigan.
3. The applicant shall have demonstrated service to the community and must provide reference letters from two people (not family members) who are familiar with the applicant. The letters should recognize the applicant's honesty, good citizenship, volunteerism, and commitment to the community, citing specific examples.
4. The applicant must attach a personal statement addressing the following:
 - a. How have the services you provided to the community impacted the community?
 - b. How have the services you have provided to the community impacted you?
 - c. What suggestion do you have for involving young people in community service in the future?
 - d. What are your reasons for choosing your intended field of study?
6. This scholarship is a one-time award and is not renewable.
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 to apply for this scholarship. Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation **by March 15th**.
8. A scholarship award may be revoked by the Dickinson Area Community Foundation Board of Trustees because of:
 - Criminal or anti-social conduct of recipient.
 - Filing false information on application.
 - 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 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 Falls Area
community foundationSM

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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
GPA:	
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:	
Did you work during the school year?	If yes, how many hours/week?
Name of college or 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 personal statement which includes your comments on the following:
 - a. How have the services you provided to the community impacted the community?
 - b. How have the services you have provided to the community impacted you?
 - c. What suggestion do you have for involving young people in community service in the future?
 - d. What are your reasons for choosing your intended field of study?
2. Two reference letters from people (not family members) who are familiar with you. The letters should address your honesty, good citizenship, volunteerism, and commitment to the community, citing specific examples.
3. A copy of your high school transcripts.

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:

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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 Lillian Galbraith Community Service Scholarship Committee.

Signature of Applicant: _____ Date: _____