



Association of Student Artists (ASA) Scholarship Criteria

One or more scholarship recipient(s) may be chosen each year from the eligible participating high schools. The recipient(s) shall receive a one-time scholarship award in an amount to be determined annually based upon earned income of the fund.

Criteria:

1. Applicant must be graduating from Iron Mountain, Kingsford, North Dickinson, Norway, Pembine, West Iron County, Goodman-Armstrong Creek, or Niagara High School, or be a gifted student who will be proceeding to a college or university in the subsequent academic year without graduating from high school.
2. First priority will be given to applicants who are active members of ASA. Second priority will be given to applicants enrolled in art classes in their school.
3. Applicants must be enrolling in a degree-granting program in an art-related field at a 4-year post-secondary institution.
4. Applicants must have a 3.0 or higher G.P.A.
5. Academic achievement of the applicant shall be the major consideration, with financial need being a secondary consideration.
6. Applicant must submit a one-page, typed essay describing their artistic endeavors and future plans.
7. Applicants must submit two artworks of their choice for review:
 - a. All artwork must be scanned or photographed and the scan/photo submitted with the application.
 - b. Applicants should strive to submit artwork that is diverse in medium and subject.
 - c. Each submitted piece should have a small description attached, including the dimensions of the piece.
8. A transcript of the student's high school records must be supplied.
9. 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.

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.



Association of Student Artists (ASA) Scholarship

Date			
Full Name			
Street Address			
City ST ZIP Code			
Phone			
Email Address			
High School Attended			
GPA			
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 and amount:			
List past experiences in art (classes, trips, etc.)			
Did you work during the school year?	Comments:		
If yes, how many hours per week during the school year?	How many hours per week during the summer:		

Do you have any savings for college? Approximate amount:	
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:	
<ol style="list-style-type: none"> 1. A one-page typed essay describing your artistic endeavors and future plans. 2. Scans/photos of two pieces of your artwork (see criteria). 3. A copy of your 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:	

<p>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 ASA scholarship committee assess how the applicant meets the scholarship criteria. Your answers to the following questions will be treated as strictly confidential.</p>
<p>What was the family income for the year 20__ ? \$</p>
<p>What was the source of the income?</p>
<p>What was the general distribution of your income for 20__ ?</p>
<p>Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:</p>
<p> </p>
<p>Are there savings, insurance policies or annuities intended for the college education of the applicant?</p>
<p> </p>
<p>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</p>
<p> </p>
<p>Parent/Guardian Agreement and Signature:</p>
<p>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.</p>
<p>Signature of parent or guardian:</p>
<p>Date:</p>

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 Association of Student Artists (ASA) Scholarship Committee.

Signature of Applicant: _____ Date: _____