



## **Robert Forgette Scholarship Criteria**

### **Dickinson Area Community Foundation**

*One scholarship recipient will be chosen annually from Kingsford High School.  
The recipient will receive a renewable scholarship award in an amount to be determined annually based on the earned income of the fund.*

#### **Eligibility:**

1. The recipient must be a graduating Kingsford High School senior.
2. The student must be pursuing a career in the field of business.
3. A transcript of the student's high school records must be supplied.
4. The student must have one character reference from a teacher and one from a person who is familiar with the student (not family).
5. The applicant must write a paragraph stating how their field of study applies to the Business profession.
6. All completed applications must be returned to the Guidance Office by **March 15th**. Failure to turn in a completed application by this date will result in the student being ineligible to apply for this scholarship.
7. The scholarship shall be a renewable award of four equal payments over a four-year period, providing the recipient remains eligible to receive the award. 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) and maintain a minimum GPA of 2.50. The recipient must submit their official college transcript to Dickinson Area Community Foundation (DACF) each year to confirm eligibility prior to award disbursement.
8. 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.
  - 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.



## ***Robert Forgette Scholarship***

**Dickinson Area Community Foundation**

**Completed applications must be submitted by March 15th**

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home Phone</b>	
<b>Email Address</b>	
<b>High School Attended</b>	
<b>GPA</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>Did you work during the school year?</b>	<b>If yes, how many hours/week</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 &amp; amount:</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"><li>1. A personal statement, which includes your comments on how your field of study relates to the business field.</li><li>2. One character reference from a teacher and one from a person who is familiar with the student (cannot be a family member).</li><li>3. A transcript of your high school records.</li></ol>	

<b>Application Deadline</b>	
All applications need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .	
<b>Applicant agreement and signature</b>	
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	
<b>Parent/guardian application form</b>	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
<b>Do you have any other dependents or other extenuating circumstances that should be considered? If yes, please explain:</b>	
<b>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</b>	
<b>Parent/guardian agreement and signature:</b>	
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 Robert Forgette Scholarship Advisory Committee.

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