Crystal Falls Business Association Scholarship
Crystal Falls Area Community Foundation
an Affiliate Fund of the Dickinson Area Community Foundation

STUDENT APPLICATION FORM

****IMPORTANT****
All references to be mailed or directly delivered to the guidance counselor.

Social Security Number:_____ Date of Application: _____

Full Name:_____

Home Address: _____

Age: _____   Phone: _____   Grade Point Average (GPA): _____

In what extra-curricular activities did you participate? (Include both in-school activities and volunteer activities outside of school):

Did you work during the school year? Yes   No   If yes, how many hours/week? _____

Name of College or University you plan to attend: _____

Have you applied for Admission? Yes   No   Have you been accepted? Yes   No

Intended field of study: _____

Have you applied for other scholarships?   Yes   No

Have you been granted a scholarship?   Yes   No

If so, name of scholarship and amount. _____

Please attach a Personal Statement which includes your comments on how your field of study relates to this Scholarship.

Signature of Applicant_____ Date:_____

PARENT APPLICATION FORM

Name of parent or guardian completing this form:

Home Address:

Phone:

Do you have dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:

Yes   No

Please note below any statements you may wish to make which will assist the Scholarship Selection Committee in consideration of the applicant:

I hereby certify that the above statements are correct.

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 President of the Crystal Falls Area Community Fund or the Director of the Dickinson Area Community Foundation.

Signature of Applicant:_____ Date:_____