



Irving & Kathleen McLeod Scholarship

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

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
GPA:	
In what extra-curricular activities did you participate in? (Include both in-school activities and volunteer activities outside of school)	
Did you work during the school year?	If yes, how many hours/week?
Name of College, University or Voc/Tech 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. Copy of high school transcripts	

Agreement and Signature	
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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 Application Form	
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Name of parent or guardian completing this form:	
Home address:	
Phone:	

Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:
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Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:
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Agreement & 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 McLeod Scholarship Committee.

Signature of Applicant: _____ Date: _____