



## *Raise Her Up Scholarship*

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

**Completed applications must be submitted by March 15<sup>th</sup>**

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home Phone</b>	
<b>GPA:</b>	
<b>Name of post-secondary institution you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. Three non-relative references and their contact information. One reference must be a peer and one must be non-academic. They should include in the reference on your community service and leadership.</li> <li>2. Five to ten minute video (MP4 file). Video should tell the committee about your involvement in community services and demonstrate your leadership skills. It should also include how you positively impacted your peers and how you have been inspired by leaders in your life.</li> <li>3. Copy of high school transcripts</li> <li>4. Please have all of the above returned in a sealed envelope.</li> </ol>	
<b>Application Deadline</b>	
All applications and requested information need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .	
<b>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 Application Form</b>	
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 Raise Her Up Scholarship Committee.

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