

Amasa Gibsons Scholarship Fund

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



SELECTION CRITERIA

One (1) or more scholarship recipient(s) will be chosen annually from Forest Park High School. Scholarship is renewable up to a 4 year maximum. Exact award amount is determined annually based upon earnings in Fund.

Eligibility:

1. The student chosen must have been accepted in a 2 or 4 year program at a college or university.
2. The student must be a graduating Forest Park High School Senior.
3. First preference shall be given to students who reside in Hematite Township.
4. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.
5. Proof of achievement of a 2.50 GPA or above on a 4 point scale in the preceding year is required to renew the scholarship for the next three (3) years. Students should submit their official college transcripts for the preceding year no later than June 30th of each year to the Dickinson Area Community Foundation at 333 S. Stephenson, Suite 204, Iron Mountain, MI 49801. (Phone: 906-774-3131; E-mail: information@dickinsonareacf.org)
6. **All applicants must adhere to Guidance Counselor deadlines.** *Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.*

*Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation **by March 15.***

Addendum:

A scholarship award may be revoked by the Board of Trustees of the Crystal Falls Area Community Fund and/or Dickinson Area Community Foundation because of:

- Criminal or anti-social conduct of recipient.
- Filing false information on application.
- 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 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.



Amasa Gibson Scholarship

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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
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 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 & amount:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A personal statement which includes your comments on how your field of study relates to this scholarship. 2. Copy of high school transcripts 	
Application Deadline	
All applicants must adhere to the Guidance Counselor deadlines. Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15.	

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 Application Form	
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:	
Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:	
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 Amasa Gibson Scholarship Committee.

Signature of Applicant: _____ Date: _____