

Crystal Falls/Forest Park School Retired Teachers' Scholarship Fund
Crystal Falls Area Community Foundation Fund an affiliate of the Dickinson Area Community Foundation



SELECTION CRITERIA

One (1) or more scholarship recipient(s) will be chosen annually from Forest Park High School. The recipient(s) will receive a one-time scholarship award. Amount of the award to be determined.

Eligibility:

1. The person chosen must have a sincere desire to attend a college or university.
2. The recipient must be a graduating Forest Park High School Senior.
3. The student must be entering an educational program in an education or health related field of study.
4. A transcript of the student's high school records must be supplied. Grade Point Average (GPA) shall **not** be a *major* consideration for receiving this scholarship.
5. The student shall have demonstrated a good work ethic throughout their high school years, and must provide an acknowledging reference letter from a teacher recognizing their "good work ethic", and specific examples of such.
6. The student must have one character reference from a teacher and one from a person who is familiar with the student (not family).
7. The student must provide a three (3) paragraph personal statement outlining reasons for pursuing either the field of education or health.
8. **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 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.



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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
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. An acknowledging reference letter from a teacher recognizing your good work ethic with examples. 2. Two character references: one from a teacher and one from a person familiar with the student who is not a family member. 3. A three paragraph personal statement outlining reasons for pursuing a degree in either the field 	

of education or health.	
4. 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 CF/FP Retired Teacher's Scholarship Committee.

Signature of Applicant: _____ Date: _____