

**Irving & Kathleen McLeod Scholarship**  
**Crystal Falls Area Community Foundation an affiliate of the Dickinson Area Community Foundation**



**SELECTION CRITERIA**

*One or more scholarship recipients may be chosen annually from Forest Park High School to receive a one-time scholarship award. The award amounts are determined annually based upon the earned income of the Fund over the preceding year.*

**Criteria:**

1. The recipient must be a graduating Forest Park High School senior.
  2. The scholarship is for a one year period only and may not be renewed.
  3. The recipient must be entering a degree granting program at a vocational/technical school or a 2 or 4 year post-secondary institution of higher learning.
  4. Applicants must have at least a 2.0 GPA.
  5. The individual financial need of the applicant for scholarship assistance **will** be a consideration of the scholarship committee when applicants have met all other criteria for the scholarship.
1. **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.



## *Irving & Kathleen McLeod Scholarship*

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<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home &amp; Cell Phone</b>	
<b>GPA:</b>	
<b>E-Mail (Required)</b>	
<b>In what extra-curricular activities did you participate in? ( Include both in-school activities and volunteer activities outside of school)</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours/week?</b>
<b>Name of College, University or Voc/Tech you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Intended field of study:</b>	
<b>Have you applied for other scholarships?</b>	
<b>Have you been granted a scholarship? If so, name of scholarship &amp; amount:</b>	
<b>Please include the following with the application:</b>	
1. Copy of high school transcripts	

<b>Application Deadline</b>	
<b>All applicants must adhere to the Guidance Counselor deadlines.</b> Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15.	
<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:	
<b>Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:</b>	
<b>Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:</b>	
<b>Agreement &amp; Signature:</b>	
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: \_\_\_\_\_