

Perina Sartori & Gene Sartori Scholarship Fund
Crystal Falls Area Community Foundation an affiliate of the Dickinson Area Community Foundation



SELECTION CRITERIA

*Two (2) scholarship recipients (one male one female) will be chosen annually from Forest Park High School.
Exact award amount is determined annually based upon earnings in Fund.*

Eligibility:

1. Applicant must have a sincere desire to continue his/her education in an accredited vocational/technical school or college/university..
2. Scholarship recipients must be a graduate of Forest Park High School or a resident of Eastern Iron County which consists of Alpha, Crystal Falls and Amasa.
3. Two scholarships will be given per year; one to a male graduating senior and one to a female graduating senior.
4. Failure by the applicant to complete the application entirely and/or failure to provide the requested information may result in rejection of the application.
5. The selection committee will not discriminate on the basis of race, color, national origin, handicap, age, sex or creed.
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 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.



Perina Sartori & Gene Sartori Scholarship

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| | |
|--|--|
| Date | |
| Full Name | |
| Street Address | |
| City ST ZIP Code | |
| Home & Cell Phone | |
| E-Mail (Required) | |
| GPA: | |
| 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: | |
| 1. 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 Perina & Gene Sartori Scholarship Committee.

Signature of Applicant: _____ Date: _____