

Raise Her Up Scholarship Fund Criteria **Dickinson Area Community Foundation**



One (1) or more Scholarship recipient(s) will be chosen annually from Forest Park High School. The recipient(s) shall receive a one-time Scholarship Award in an amount to be determined annually (based upon earned income of the fund).

Eligibility:

1. Applicants must have a sincere desire to continue her education in an accredited vocational/technical school or college/university.
2. Scholarship recipients must be a female graduate of Forest Park High School.
3. Applicants must show they demonstrated service to the community
4. Applicants must have demonstrated leadership potential
5. Applicants must submit three non-relative references with their contact information. One reference must be a peer and one must be non-academic. Your references should be able to show the committee your community service and leadership involvement.
6. Applicants must submit a five to ten minute video (MP4 file). The video should tell the committee about your community service activities and demonstrate your leadership skills. In addition, it should include how you have positively impacted your peers and how you have been inspired by leaders in your life.
7. A transcript of the student's high school records must be supplied.
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.
- Scholastic inadequacy of a recipient.
- Failure to provide the Dickinson Area Community Foundation with documents and verification as specified in the Foundation's established policies for renewing scholarships. A copy of the Foundation's policies for renewing scholarships is provided to students with their first scholarship payment.
- 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.



Raise Her Up Scholarship

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

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
GPA:	
Name of post-secondary institution you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Please include the following with the application:	
<ol style="list-style-type: none"> 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. 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. 3. Copy of high school transcripts 4. Please have all of the above returned in a sealed envelope. 	
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:

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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: _____