



## ***Ron Caviani Scholarship***

**Dickinson Area Community Foundation**  
*Completed application must be submitted by March 15<sup>th</sup>*

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home Phone</b>	
<b>High School Attended</b>	
<b>GPA</b>	
<b>Extracurricular musical activities (include musical involvement in your community):</b>	
<b>Non-musical extracurricular activities:</b>	
<b>Career Goals:</b>	
<b>How do you plan to relate music to your future goals?</b>	
<b>Name of college or university you plan to attend:</b>	

<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>What are your plans for continuing participation in a university/college sponsored musical program?</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. A written recommendation from your band instructor.</li> <li>2. Transcript of your high school records</li> </ol>	
<b>Application Deadline</b>	
All applications need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .	
<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>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 Ron Caviani Scholarship Advisory Board.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_