



***Clara Dierickx Scholarship***  
**Dickinson Area Community Foundation**  
**Completed applications must be submitted by March 15th**

<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>Rank:</b>		<b>ACT Score:</b>	
<b>In what extra-curricular activities did you participate in? (Include activities outside of school):</b>			
<b>School activities in which you participated, offices held etc.:</b>			
<b>List activities of public or community services:</b>			
<b>Did you work during the school year?</b>		<b>If yes, how many hours/week?</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>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>	
<ol style="list-style-type: none"> <li>1. An essay of 200-250 words in your hand writing demonstrating your distinctive individual qualities and how it will help you become an effective elementary teacher.</li> <li>2. High school transcripts</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>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 Clara Dierickx Scholarship Committee.

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