



Ethel Lind Memorial Scholarship
Dickinson Area Community Foundation
Completed applications must be submitted by March 15th

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
High School Attended	
In what extra-curricular activities did you participate in?	
Name of college or university you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
What is your connection, if any with Grace United Methodist Church?	
Are you presently involved in the church life at grace United Methodist Church?	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A letter of recommendation from an adult member of Grace United Methodist Church. 2. Transcript of your high school records 	
Application Deadline	
All applications need to be submitted to the guidance counselor's office by March 15th .	

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 Grace United Methodist/Ethel Lind Memorial Scholarship Advisory Board.

Signature of Applicant: _____ Date: _____