



# *Carolee Dodge Francis Youth Community Service Scholarship*

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

<b>Date</b>	
<b>Full Name</b>	
<b>Home Address</b>	
<b>City ST ZIP Code</b>	
<b>Home Phone</b>	
<b>High School Attended</b>	
<b>Name of college/university/Vocational/Technical school you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. What community service activities have you provided or participated in. Documentation must be provided for each activity listed through an acknowledging reference letter from a person who is familiar with you (not family). The letter must recognize your commitment to the community and must cite specific examples of the service(s) you have provided to the community.</li> <li>2. Attach a personal statement (3-4 paragraphs) addressing the following: <ul style="list-style-type: none"> <li>• How have the services you provided to the community impacted the community?</li> <li>• How have the services you have provided to the community impacted you?</li> <li>• What suggestion(s) do you have for involving young people in community service in the future?</li> </ul> </li> <li>3. 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>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 Carolee Dodge Francis Youth Community Service Scholarship Advisory Board.

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