



***Henry Vielmetti 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>Class Rank:</b>		<b>ACT Score:</b>	
<b>Number of children at home (ages 1-18):</b>			
<b>Number of children in college?</b>			
<b>Leadership Experiences:</b>			
<b>Services to School:</b>			
<b>Services to Community:</b>			
<b>Career Goals after College:</b>			
<b>Did you work during the school year?</b>		<b>If yes, how many hours/week?</b>	

<b>Weekly earnings:</b>	<b>Do you have any savings for college?</b>
<b>Approximate amount of savings:</b>	
<b>Name of person(s) dependent upon your earnings (if any)?</b>	
<b>Will you work while attending college?</b>	<b>If so, for what portion of your expenses?</b>
<b>How much do you estimate it will cost you to go to the college of your choice for one year?</b>	
<b>Tuition &amp; Fees</b>	\$ _____
<b>Room &amp; Board</b>	\$ _____
<b>Books &amp; Supplies</b>	\$ _____
<b>Miscellaneous</b>	\$ _____
<b>Total:</b>	\$ _____
<b>Will you attend college if you do not receive a scholarship?</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>1. A paragraph on the reason you are applying for this scholarship about your plans, financial need, your philosophy of life, extenuating circumstances in your home, and why you want more education beyond high school in 150-250 words.</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:	
The purpose of supplying us with the following information is to determine if the applicant comes from a family of modest means. With the information you supply the Vielmetti scholarship committee will determine if the applicant is qualifies. It will, therefore be necessary to obtain confidential information. Your answers to the following questions will be treated strictly confidential.	
<b>What was the household total income for the year 20__ ? \$ _____</b>	
<b>Parent #1</b> _____	<b>Parent #2</b> _____

<b>What was the source of the income?</b>
<b>What was the general distribution of your income for 20__?</b>
<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>Do you have a 529 Plan or college fund set up in your name through a relative?</b>
<b>Are there savings, insurance policies or annuities intended for the college education of the applicant?</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 Henry Vielmetti Scholarship Committee.

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