



Elizabeth M. Tomasoski 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		
GPA		
Class Rank		ACT Score:
Honors received in high school:		
Activities outside the classroom in which you participated in:		
State in detail on how you plan to finance your college education:		
Present plans for college program:		

Did you work during the school year?	If yes, how many hours/week?
University you plan to attend:	
Intended field of study: (must be a four year program)	
Have you applied for other scholarships?	
Have you been granted a scholarship? If so, name of scholarship & amount:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. An essay 200-250 words on why you qualify for this award and the effect of receiving this scholarship would have on your future plans. 2. High school transcripts 	
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 Elizabeth M. Tomasoski Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____