



Waves Memorial Swim 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	
ACT:	SAT:
Volunteer Activities:	
Community Activities:	
Goals for the future:	
Name of college or university you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	

Please include the following with the application:

1. Two reference letters: One reference letter from a teacher and one reference letter from a person who is familiar with the student (not family). Each letter should address personal perception of the student's capabilities and the perception of the student's overall character.
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 Waves Memorial Swim Scholarship Committee.

Signature of Applicant: _____ Date: _____