



ASA 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:	
Name of college or university you plan to attend:	
Have you been accepted?	
Intended field of study:	
Have you applied for other scholarships?	
Have you been granted scholarships? (If yes, list below with the amount)	
List past experiences in Art (classes, trips, etc)	
Did you work during the school year?	If yes, how many hours/week?
Weekly earnings:	Do you have any savings for college?
Approximate amount of savings:	
Name of person(s) dependent upon your earnings (if any)?	
Will you work while attending college?	If so, for what portion of your expenses?
How much do you estimate it will cost you to go to the college of your choice for one year?	
Tuition & Fees	\$ _____

Room & Board	\$ _____
Books & Supplies	\$ _____
Miscellaneous	\$ _____
Total:	\$ _____
Will you attend college if you do not receive a scholarship?	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A one page, typed essay describing their artistic endeavors and future plans. 2. Two pieces of art work 3. 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:	
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 Rotary 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.	
What was the family income for the year 20__ ? \$ _____	
What was the source of the income?	
What was the general distribution of your income for 20__ ?	
Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:	
Are there savings, insurance policies or annuities intended for the college education of the applicant?	

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 Rotary Scholarship Committee.

Signature of Applicant: _____ Date: _____