



## *Liu Spirtas Niagara Worldwide 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>ACT:</b>		<b>SAT:</b>
<b>Student Activities:</b>		
<b>Community Activities:</b>		
<b>Work Experience:</b>		
<b>Did you work during the school year? If yes, how many hours/week</b>		

<b>Goals for the future:</b>	
<b>Name of college or university you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Intended field of study:</b>	
<b>Have you applied for other scholarships?</b>	
<b>Have you been granted a scholarship? If so, name of scholarship &amp; amount:</b>	
<b>Please include the following with the application:</b>	
<ol style="list-style-type: none"> <li>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 skills to succeed in their chosen field of study and the perception of the student's overall character.</li> <li>2. One page double spaced (12 font) essay explaining why the applicant feels they should receive this scholarship along with why the applicant believes their area of study is related to business and industry.</li> <li>3. 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:	
<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 Liu Spirtas Niagara Worldwide Scholarship Committee.

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