



Larry Juul Memorial Scholarship Fund

Completed applications must be submitted by March 15th

Date	
First and Last Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
Email address	
GPA	
What extra-curricular activities did you participate in? (Include both in-school activities and volunteer activities in the community)	
Did you work during the school year?	If yes, how many hours per week?
Name of technical school/college/university you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
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. One page essay, using 12-point font, double-spaced, demonstrating your work ethic in school and in the community and what made you choose the vocational or trade program you are entering. Please also explain how this scholarship will help you meet that goal. 2. Copy of high school transcripts 3. Letter of acceptance from the vocational or technical school prior to award. 	
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 Larry Juul Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____