

Henry Vielmetti Memorial Scholarship Criteria Norway Area Community Foundation

Beginning in June of 1995, this scholarship shall be awarded to a Norway High School senior who will attend a post-secondary vocational or technical program. Funds for this scholarship were provided by a donation from Alfio Vielmetti in memory of his father, Henry.

Eligibility:

- 1. The annual scholarship award shall not exceed the annual interest payment from the principal.
- 2. The scholarship is a yearly one-time award and may not be renewed.
- 3. The recipient must be committed to a program in an area of vocational/ technical education.
- 4. The recipient must have demonstrated a potential for success by his/her work habits, responsibility, and character.
- 5. Financial need **WILL** be considered in the selection process.
- 6. Applications must be on file in the counselor's office by **March 15th**. Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.
- 7. The selection committee will consist of the following:
 - a. High School Guidance Counselor
 - b. High School Vocational/Technical Instructors.



Henry Vielmetti Scholarship

Dickinson Area Community Foundation Completed applications must be submitted by March 15th

Date					
Full Name					
Street Address					
City ST ZIP Code					
Home & Cell Phone					
E-Mail (Required)					
High School Attended					
GPA					
Class Rank:		ACT Score:			
Number of children at home (ages 1-18):					
Number of children in colle	ege?				
Leadership Experiences:					
Services to School:					
Services to Community:					
İ					



Career Goals after College:				
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?			
•	ou to go to the college of your choice for one year?			
Tuition & Fees \$				
Room & Board \$				
Room & Board				
Books & Supplies \$				
Miscellaneous \$				
Total: \$				
Will you attend college if you do not receive a scholarship?				
Please include the following with the application:				
1. A paragraph on the reason you are applying for this scholarship about your plans, financial need, your philosophy of life, extenuating circumstances in your home, and why you want more education beyond high school in 150-250 words.				
2. High school transcripts				
Application Deadline				
All applications need to be submitted to the guidance counselor's office by March 15 th .				



Agreement and Signature					
	ns, or other misrepresen	set forth in it are true and complete. I understand tations made by me on this application may result			
Name (printed)					
Signature					
Date					
Parent Application Form					
Name of parent or guardian of form:	ompleting this				
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 Vielmetti 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 househ	old total income	for the year 20 ? \$			
Parent #1	Parer	it #2			
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:					
Do you have a 529 Plan or college fund set up in your name through a relative?					
Are there savings, insuranc applicant?	policies or annuities	intended for the college education of the			



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 und or other misrepresentations made by me on this application m	· · · · · · · · · · · · · · · · · · ·			
Signature of parent or guardian:				
Date:				
RELEASE OF INFORMAT	ION			
I hereby certify that any information needed regarding my schoot to the Director of the Dickinson Area Community Foundation a Committee.				
Signature of Applicant:	Date:			