

**LISA DIXON SCHOLARSHIP
APPLICATION FORM**

ALL AREAS OF APPLICATION MUST BE COMPLETED
SUBMIT AT LEAST ONE (1) MONTH PRIOR TO ACTIVITY

NAME: _____ DATE: _____

ADDRESS: _____ GRADE: _____

PHONE: _____

PROPOSED ACTIVITY: *(Please give as complete a description as possible.)*

ATTACH ADDITIONAL SHEET IF NEEDED.

AMOUNT NEEDED: _____ DATE NEEDED: _____

CHECKS SHOULD BE ISSUED TO: _____

(Organization, School, etc. Checks are not written to individuals)

ADDRESS: _____

*PERSON WHO RECOMMENDED YOU FOR THIS SCHOLARSHIP: *(School Official)*

NAME: _____ PHONE: _____

ADDRESS: _____

School Official Signature: _____

(School personnel must sign before you submit application)

Please return completed form to:

*First Congregational UCC
101 State Street
Charlevoix, MI 49720
ATTN: Lisa Dixon Scholarship Fund*



**LISA K. DIXON
SCHOLARSHIP
FUND**

**SUPPORTING
ENRICHMENT ACTIVITIES
FOR CHARLEVOIX YOUTH**



**First Congregational
United Church of Christ
Charlevoix, Michigan**

SCHOLARSHIP ESTABLISHED

IN MEMORY OF
LISA K. DIXON

Lisa was a young person from our congregation who died March 2, 1987, at age fourteen, and whose life we honor through this program.

SCHOLARSHIP SUPPORTED

from

- ◆ Returnable Pop Cans
- ◆ Individual Contributions

SCHOLARSHIP PURPOSE

To make possible enrichment experiences for young people who could not otherwise participate.

POLICY

FOR GRANTING THIS SCHOLARSHIP:

Recipients shall be Charlevoix students who:

1. Are in grades six through twelve;
2. Are in need of financial aid for participation;
3. Will benefit from participation in the experiences under consideration.

SUGGESTED ACTIVITIES

- ◆ Camp (*Sports, music, church, scout*)
- ◆ Art Lessons
- ◆ Travel
- ◆ Musical Instruction

_____  _____

HOW TO APPLY

1. Complete the attached form.
2. Return it to:
*First Congregational UCC
101 State Street
Charlevoix, MI 49720
c/o Lisa Dixon
Scholarship Fund*
3. Call the church at 547-9122 if you have questions.

_____  _____