

SCHOLARSHIP ESTABLISHED IN MEMORY OF LISA K. DIXON



Lisa was a young person from our congregation who died on March 2, 1987 at age 14, and whose life we honor thru this program.

SCHOLARSHIP SUPPORTED BY:

- Local community company contributions
- Individual contributions

SCHOLARSHIP PURPOSE:

To make possible enrichment experiences for young people who could not otherwise participate in programs that would increase their skills.

Policy For Granting Scholarship:

Recipients shall be area students who:

- 1 Are in grades six thru twelve
- 2 Are in need of financial aid to be able to participate in desired activity
- 3 Will benefit from participation in the experiences under consideration

4 The recipient of any granted funds will be requested to provide a follow up to the event, program or class in which they were sponsored. A brief presentation or letter to the church and/or the committee will be an expectation

SUGGESTED ACTIVITIES:

- Camp (sports, music, church, scout, dance)
- Art Lessons
- Music Instruction
- Dance Lessons
- Travel for Enrichment/Missionary Purposes
- Drama Classes

HOW TO APPLY:

- 1: Complete the form on the this brochure.
- 2: Return form to:
1st Congregational UCC
c/o Lisa Dixon Scholarship Fund
101 State Street
Charlevoix, MI 49720
- 3: Call the Church at (231) 547-9122 if you have any questions.



LISA K. DIXON SCHOLARSHIP FUND



1st CONGREGATIONAL
UCC
CHARLEVOIX

Lisa Dixon Scholarship Application Form

Name: _____ Date: _____

Address: _____ Grade: _____

_____ Phone: _____

Proposed Activity: *(Please give as complete a description as possible; attach an additional sheet if needed)*

Amount Needed: _____ Date Needed: _____

Checks should be issued to: _____

(Organization, School, Program, 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 application can be submitted)