

# 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 Charlevoix 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



*Opening the Doors of Possibility*  
1st Congregational Church

# 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)*