



Maurina Family Memorial Scholarship Criteria Norway Area Community Foundation

This scholarship will be awarded annually, beginning with the Norway- Vulcan graduating class of 1999. All applicants must complete the scholarship application form by the announced deadline and the recipient will be selected by the local scholarship committee.

1. The scholarship is named for the Maurina Family, who believed strongly in affording Norway-Vulcan students the opportunity to pursue their educational career goals.
2. The annual scholarship award will be based on the amount of annual interest earned on the invested principal. The scholarship is a yearly one-time award and cannot be renewed.
3. 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.
4. The recipient must be a current graduate who plans to attend an institution of higher learning to pursue a degree in either the field of pharmacy or elementary education.
5. Financial need **WILL** be a factor in the selection process.
6. Scholarship requirements will include character, dedication, personality, and a genuine interest in pursuing a post-secondary degree in either pharmacy or elementary education.
7. An essay (200-250 words) on why you chose the field you are going into and how your character and personality will be a benefit to this area of study and including your financial needs to obtain your goals.
8. The scholarship committee will consist of the following:
 - a. Superintendent of Schools
 - b. High School Principal
 - c. Elementary Principal
 - d. High School Guidance Counselor



Maurina Family 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: | |
| Honors received in high school: | | | |
| | | | |
| 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? | |



| | |
|---|----|
| How much do you estimate it will cost you to go to the college of your choice for one year? | |
| Tuition & Fees | \$ |
| Room & Board | \$ |
| Books & Supplies | \$ |
| Miscellaneous | \$ |
| Total: | \$ |
| Will you attend college if you do not receive a scholarship? | |
| Please include the following with the application: | |
| <ol style="list-style-type: none"> 1. An essay (200-250 words) on why you chose the field you are going into and how your character and personality will be a benefit to this area of study, and including your financial needs to obtain your goals. 2. High school transcripts | |
| 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: | |
| 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 Maurina 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 household total income for the year 20 ? \$ | |
| Parent #1 | Parent #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, insurance policies or annuities intended for the college education of the applicant? | |
| 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 Maurina Scholarship Committee.

Signature of Applicant: _____ Date: _____