



Cameron Scholarship Fund Criteria Dickinson Area Community Foundation

One (1) or more Scholarship recipient(s) will be chosen annually from Norway High School. The recipient(s) shall receive a one-time Scholarship award of \$1,000.00.

Eligibility:

- The recipient(s) must be pursuing a career in a health care field particularly in pre-med, nursing (LPN, RN, Nurse Practitioner), or Physician's Assistant. Other medical fields will be taken into consideration if there are no applicants from any of the above.
- The person(s) chosen must have a sincere desire to attend a college or university and have demonstrated the capability to do college-level coursework.
- The recipient(s) must be a graduating Norway High School Senior(s).
- The recipient(s) must be entering a degree granting program at a two-year or four-year post-secondary institution of higher learning.
- The recipient(s) must have achieved at least a 3.0 GPA.
- A transcript of the student's high school records must be supplied.
- **All applicants must adhere to Guidance Counselor deadlines.** Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.
- Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation by **March 15**.
- The applicant must write a paragraph stating how their field of study applies to the health care profession.

Addendum:

A scholarship award may be revoked by the Board of Trustees because of:

- Criminal or anti-social conduct of recipient.
- Filing false information on application.
- Scholastic inadequacy of a recipient.
- For such other good cause as the Board may, in its sole discretion, determine.

Revocation shall be by the action of a majority of the members of the Board of Trustees, and upon such revocation, any and all funds still controlled by the Board of Trustees shall be withheld and disposed of at the discretion of the Board.



Cameron 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	
In what extra-curricular activities did you participate in? (Include activities outside of school):	
Did you work during the school year?	If yes, how many hours/week?
Name of college or university you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
Have you applied for other scholarships?	
Have you been granted any other scholarships? If so, name of scholarships & amounts:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. Personal statement on how your field of study applies to the health care field. 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:	
Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:	
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 Cameron Scholarship Committee.

Signature of Applicant: _____ Date: _____