

Nancy Morin Memorial Scholarship Criteria

Dickinson Area Community Foundation



The Nancy Morin Memorial Scholarship was established by family and friends in December 2018 to honor the memory of Nancy (Aderman) Morin who was a native and resident of Niagara and a graduate of Niagara High School.

Two qualified recipients will be chosen annually by the selection committee to receive the scholarships, which have a monetary award of two hundred fifty dollars (\$250.00) each.

Eligibility:

1. The scholarship is available to graduating seniors of Niagara High School.
2. The scholarship is for one-year only and is non-renewable.
3. Recipients must be entering a degree-granting program in the healthcare or medical field (including but not limited to chiropractic, dental hygienist, LPN, Phlebotomy, etc.) at a one, two, or four-year post-secondary institution of higher learning.
4. Applicants must have a minimum of a 2.0 cumulative G.P.A. and have demonstrated the capability to do college-level coursework.
5. Financial need of the applicant for scholarship assistance shall be one of the main considerations of the selection committee when applicants have met all other criteria.
6. Applications must be completed and on file in the school counselor or principal's office by **March 15** annually.
7. The selection committee shall consist of the principal, counselor, and one faculty member.
8. The scholarship will be administered by the Niagara School District with the scholarship award being provided through the Dickinson Area Community Foundation (DACF). The scholarship presentation will take place with other scholarships at commencement or some other school scholarship awards program.

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.
- 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.



Nancy Morin Memorial Scholarship

Completed applications must be submitted by March 15th

Date	
First and Last Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
GPA	
In what extra-curricular activities did you participate in? (Include both in-school activities and volunteer activities in the community)	
Did you work during the school year?	If yes, how many hours/week?
Name of Vocational / Technical / Trade college 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 a scholarship? If so, name of scholarship & amount:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. One page essay, using 12-point font, double-spaced, demonstrating work ethic in school and in the community and what made you choose the vocational or trade program you are entering. Please also explain how this scholarship will help you meet that goal. 2. Copy of high school transcripts. 3. Letter of acceptance from the vocational or technical school prior to award. 	
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:	
Email:	
Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:	
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 Nancy Morin Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____