



Carrie Elaine DeRidder Memorial Scholarship Criteria Norway Area Community Foundation

Established in memory of a student of Norway High School: Carrie DeRidder. One scholarship will be awarded to a student attending Norway High School. The recipient of this scholarship must meet the following criteria. Funding for this scholarship is from family and friends of Carrie Elaine DeRidder.

Eligibility:

1. Graduating senior of Norway High School.
2. Scholastic record is NOT a major factor.
3. Demonstrate respect for others, dedication, and participation in school activities – write a 200-word essay describing how you have demonstrated this.
4. **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.
5. Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation by **March 15**.
6. The selection committee will consist of the following:
 - a. Elementary Principal
 - b. High School Principal
 - c. High School Guidance Counselor



Carrie Elaine DeRidder 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	
In what extra-curricular activities did you participate? (Includes activities outside of school):	
School athletics in which you participated:	
Honors received in high 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 a scholarship? If so, name of scholarship & amount:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A typed 200-word essay on how you have demonstrated respect for others, dedication, and participation in school activities. 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:	



Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:

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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 Carrie Elaine DeRidder Scholarship Committee.

Signature of Applicant: _____ Date: _____