

Millie Hagerup Nursing Scholarship Criteria
Established in loving memory of Reverend G. A. Danielson

Dickinson Area Community Foundation



Two (2) scholarships will be awarded. One recipient will be chosen from each of the following schools: Iron Mountain & Kingsford High Schools. The recipient(s) shall receive either a one-time or a renewable Scholarship Award in an amount to be determined annually (based upon earned income of the fund).

Eligibility:

1. The person chosen must have a sincere desire to attend a college or university.
2. The person may be enrolling in either a 2 year (Associate) or 4-year degree curriculum.
3. The scholarship is available to graduating seniors of Iron Mountain and Kingsford High Schools. In addition to seniors, any exceptionally gifted student from those schools who will be proceeding directly to college/university in the subsequent academic year without graduating from High School is eligible to apply for this scholarship.
4. The applicant must have a 2.75 GPA or better.
5. The student must be pursuing a career in Nursing.
6. A transcript of the student's high school records must be supplied.
7. The student must have one character reference from a teacher and one from a person who is familiar with the student (not family).
8. All completed applications must be returned to the Guidance office by March 15th. Failure to turn in your application by the due date will result in being ineligible to apply for this scholarship.
9. The applicant must write a paragraph (approximately 150 words) explaining why they are interested in pursuing a degree in the Nursing field.

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.



Millie Hagerup Nursing Scholarship
Dickinson Area Community Foundation
Completed applications must be submitted by March 15th

Date	
Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail (Required):	
High School Attended	
GPA	
Class Rank:	Number in Class:
In what extra-curricular & community service activities did you participate in? (includes activities outside of school)	
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. Please attach one character reference from a teacher and one from a person, who is familiar with you, this cannot be a family member. 2. Attach a personal statement (approximately 150 words) explaining why you are interested in pursuing a degree in the nursing field. 3. 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:	
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 Millie Hagerup Nursing Scholarship Committee.

Signature of Applicant: _____ Date: _____