



**Allen & Jennifer Disabled Combat Veterans Remembrance
Medical Scholarship Criteria
Norway Area Community Foundation**

One (1) or more Scholarship recipient(s) will be chosen annually from Norway High School. The recipient(s) shall receive a two-year Scholarship Award in an amount to be determined annually (based upon earned income of the fund).

Eligibility:

1. Applicants must have been accepted at an accredited Michigan post-secondary institution and intend to pursue a two-year degree in a related medical field.
2. Applicants must have a 2.5 G.P.A. in high school and demonstrated ability to do college-level coursework.
3. Applicants must submit a reference letter from a teacher who has known the applicant for a minimum of one (1) year. The reference letter must address the teacher's personal perception of the student's capabilities and skills to succeed in their chosen field of study. In addition, the reference letter should address the teacher's perception of the student's overall character.
4. Applicants must submit a brief statement/essay (200-250 words) stating why you chose the medical field you are going into and what are your long term goals in this field.
5. Financial need of the applicant shall be a major factor in the selection of students for the Scholarship, but not the sole factor, as outstanding academic achievement and strength of character shall also be considered major factors in student selection.
6. Scholarship will be a four-year award with recipients maintaining a 2.5 GPA, a full-time student (12 credits), and continuing in some type of medical field. Student must provide an official transcript from the school they are attending.
7. A transcript of the student's high school records must be supplied.
8. **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.
9. Guidance Counselors: all completed applications must be returned to Dickinson Area Community Foundation by **March 15**.



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.
- Failure to provide the Dickinson Area Community Foundation with documents and verification as specified in the Foundation's established policies for renewing scholarships. A copy of the Foundation's policies for renewing scholarships is provided to students with their first scholarship payment
- 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.



***Allen & Jennifer Disabled Combat Veterans
Remembrance Medical 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	
Name of school you plan to attend:	
Have you applied for admission?	
Have you been accepted?	
Intended field of study:	
Did you work during the school year?	
Weekly earnings:	
Approximate amount of savings:	
Name of person(s) dependent upon your earnings (if any)?	
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?	
lease include the following with the application:	
<ol style="list-style-type: none"> 1. Applicants must submit a reference letter from a teacher who has known the applicant for a minimum of one (1) year. The reference letter must address the teacher's personal perception of the student's capabilities and skills to succeed in their chosen field of study. In addition, the reference letter should address the teacher's perception of the student's overall character. 2. Applicants must submit a brief statement/essay (200-250 words) stating why you chose the medical field you are going into and what are your long-term goals in this field. 3. Transcript of your high school records 	
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:	



What was the family income for the year 20__? \$
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:
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 Blomquist Scholarship Committee.

Signature of Applicant: _____ Date: _____