Nurses Memorial Scholarship of Dickinson County Criteria

Dickinson Area Community Foundation

One (1) Scholarship recipient will be chosen annually. The recipient shall receive a one-time Scholarship Award in an amount to be determined annually (based upon earned income of the fund).

Eligibility:

1. The applicant must have a sincere desire to continue his/her education in an accredited professional nursing program leading to a degree in nursing.
2. Candidates for a scholarship may be enrolled at any level of the professional nursing program, beginning with the entry level.
3. Applicants must have been accepted by an accredited school of professional nursing.
4. Applicants must be graduates of an accredited high school in Dickinson County or currently live or work in Dickinson County.
5. Successful and unsuccessful applicants may apply for successive scholarships and will be considered along with other applicants for that year, providing they remain in professional nursing education programs.
6. Failure by an applicant to complete the application entirely and/or failure to provide the requested information may result in rejection of the application.
7. Each application for a scholarship will be judged by the contents of the application. The final decision will rest with the selection committee.
8. The selection committee will not discriminate on the basis of race, color, national origin, handicap, age, sex or creed.

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.

Nurses Memorial of Dickinson County Scholarship

Dickinson Area Community Foundation

Completed applications must be submitted by March 15th

Date	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
High School Graduated from:	
Year of graduation	
GPA	
E-Mail Required	
Highest ACT Composite Score (also please included with application)	
Other Educational Training:	
Extra-Curricular Activity:	
Work Experience:	

Nursing school or college you plan on attending:
Are you presently accepted/enrolled?
Career goal:
Please include the following with the application:
1. A current letter of recommendation from your high school or college (teacher, counselor, coach etc.). 2. Two (2) other current letters of recommendation from a non-family member such as an employer, clergy, doctor, etc.). 3. Transcript of high school grades/college grades and ACT scores. 4. Write a short essay (one page double spaced 12 font) on "Why I chose nursing for a profession".
Application Deadline
All applications need to be submitted to the guidance counselor's office or mailed to the following address **by March 15th.** DACF 220 E Hughitt Street Iron Mountain, MI 49801
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	

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 Nurses Memorial Scholarship of Dickinson County Advisory Board.

Signature of Applicant:_____Date:_____