

# Gordon & Irma Johnson Scholarship Criteria

Dickinson Area Community Foundation



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

## Eligibility:

1. The recipient(s) must be graduating senior(s) of North Dickinson High School.
2. The recipient(s) must be entering a degree-granting program at a four-year post-secondary institution of higher learning.
3. The recipient(s) must have achieved at least a 2.0 GPA.
4. The recipient(s) must be pursuing a career in education or nursing fields.
5. A transcript of the student's high school records must be supplied.
6. 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.
7. The applicant must write a paragraph stating how their field of study applies to an education or nursing profession.

## 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.



***Gordon & Irma Johnson Scholarship***  
**Dickinson Area Community Foundation**  
**Completed applications must be submitted by March 15th**

|  |                                    |
|--|------------------------------------|
| <b>Date</b>  |                                    |
| <b>Full Name</b>   |                                    |
| <b>Street Address</b>  |                                    |
| <b>City ST ZIP Code</b>  |                                    |
| <b>Home Phone</b>  |                                    |
| <b>E-Mail (Required)</b>   |                                    |
| <b>High School Attended</b>  |                                    |
| <b>GPA</b>   |                                    |
| <b>In what extra-curricular &amp; community service activities did you participate in? (includes activities outside of school)</b>   |                                    |
|  |                                    |
| <b>Did you work during the school year?</b>  | <b>If yes, how many hours/week</b> |
| <b>Name of college or university you plan to attend:</b>   |                                    |
| <b>Have you applied for admission?</b>   |                                    |
| <b>Have you been accepted?</b>   |                                    |
| <b>Intended field of study:</b>  |                                    |
| <b>Have you applied for other scholarships?</b>  |                                    |
| <b>Have you been granted a scholarship? If so, name of scholarship &amp; amount:</b>   |                                    |
|  |                                    |
| <b>Please include the following with the application:</b>  |                                    |
| <ol style="list-style-type: none"> <li>1. Attach a personal statement which includes your comments on how your field of study relates to education or nursing field.</li> <li>2. Transcript of your high school records</li> </ol> |                                    |
| <b>Application Deadline</b>  |                                    |
| All applications need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .   |                                    |



|  |  |
|--|--|
| <b>Agreement and Signature</b>   |  |
| 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   |  |
| <b>Parent Application Form</b>   |  |
| Name of parent or guardian completing this form:   |  |
| Home address:  |  |
| Phone:   |  |
| Email:   |  |
| <b>Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:</b>   |  |
|  |  |
| <b>Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:</b>   |  |
|  |  |
| <b>Agreement &amp; Signature:</b>  |  |
| 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 Gordon & Irma Johnson Scholarship Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_