



**Millie Hagerup Nursing Scholarship Criteria
Established in loving memory of Reverend G. A. Danielson
Dickinson Area Community Foundation**

Two scholarships will be awarded. One recipient will be chosen from each of the following schools: Iron Mountain and Kingsford High Schools. The recipients shall receive either a one-time or a renewable scholarship award in an amount to be determined annually based upon the earned income of the fund.

Eligibility:

1. 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.
2. The applicant may be enrolling in either a 2-year (Associate) or 4-year degree curriculum.
3. The applicant must be pursuing a career in Nursing.
4. The applicant must have a GPA of 2.75 or better.
5. A transcript of the applicant's high school records must be supplied.
6. The applicant must have one character reference from a teacher and one from a person who is familiar with the student (not family).
7. The applicant must write a paragraph (approximately 150 words) explaining why they are interested in pursuing a degree in the Nursing field.
8. All completed applications must be returned to the Guidance office by March 15th. Failure to turn in a completed application by the due date will result in the student being ineligible to apply for this scholarship.
9. To remain eligible for the renewable award, the recipient must be a full-time student (12 or more credit hours per semester or the equivalent), maintain a minimum GPA of 2.50, and continue to major in a nursing field. The recipient must submit their official college transcript to Dickinson Area Community Foundation (DACF) at the end of each spring semester (deadline June 30th) to confirm eligibility.
10. A scholarship award may be revoked by the DACF 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 DACF 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		
Email Address		
High School Attended		
GPA		
Class Rank:		Number of students in class:
What extra-curricular activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable:		
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 (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. Please include a copy of your high school transcripts. 		

Application Deadline	
All applications need to be submitted to the guidance counselor's office by March 15th .	
Applicant 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/guardian application form	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
Do you have any other dependents or other extenuating circumstances that should be considered? If yes, please explain:	
Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:	
Parent/guardian agreement and 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: _____