



Elizabeth M. Tomasoski Memorial Scholarship Criteria

Norway Area Community Foundation an affiliate of the Dickinson Area Community Foundation

This scholarship is in the memory of Elizabeth M. Tomasoski, a twenty-five-year food service employee of the Norway-Vulcan Area Schools whose work ethic and caring attitude were a benefit to those she served.

Eligibility:

1. The recipient must be a graduating Norway High School senior who is committed to an advanced program of study in an area of his/her choice.
2. The scholarship is a one-time award and may not be renewed.
3. The recipient shall exhibit knowledge with character, hard work with dedication, friendship with kindness, and pleasure with conscience.
4. Applicants must submit an essay (200-250 words) about why you qualify for this award and the effect receiving this scholarship would have on your future plans.
5. A copy of the applicant's high school transcript must be supplied.
6. Applications must be on file in the counselor's 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.
7. The scholarship committee shall consist of the following:
 - a. Superintendent of Schools
 - b. High School Principal
 - c. High School Guidance Counselor
 - d. High School Faculty Representative



Elizabeth M. Tomasoski Memorial Scholarship

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Date		
Full Name		
Street Address		
City ST ZIP Code		
Email Address		
Home Phone		
High School Attended		
GPA		
Class Rank		ACT Score:
Honors received in high school:		
Activities outside the classroom in which you participated:		
State in detail how you plan to finance your college education:		

Present plans for college program:	
Did you work during the school year?	If yes, how many hours/week?
University you plan to attend:	
Intended field of study (must be a four-year program):	
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. An essay of 200-250 words on why you qualify for this award and the effect receiving this scholarship would have on your future plans. 2. 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:	

<p>Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:</p>
<p> </p>
<p>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</p>
<p> </p>
<p>Parent/Guardian Agreement & Signature:</p>
<p>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.</p>
<p>Signature of parent or guardian:</p>
<p>Date:</p>

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 Elizabeth M. Tomasoski Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____