



Nancy Morin Memorial Scholarship Criteria

Dickinson Area Community Foundation

The Nancy Morin Memorial Scholarship was established by family and friends in December 2018 to honor the memory of Nancy (Aderman) Morin who was a native and resident of Niagara and a graduate of Niagara High School.

One or more scholarship recipients will be chosen annually from Niagara 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 scholarship is available to graduating seniors of Niagara High School.
2. The scholarship is a one-time award.
3. Recipients must be entering a degree-granting program at a two- or four-year post-secondary institution of higher learning pursuing a degree in the healthcare or medical field (including but not limited to chiropractic, dental hygienist, LPN, phlebotomy, etc.).
4. Applicants must have a minimum GPA of 2.0 and have demonstrated the capability to do college-level coursework.
5. A transcript of the student's high school records must be supplied.
6. Applicants must submit a one-page essay demonstrating their work ethic, what made them choose the field they are entering, and how this scholarship will help them meet that goal.
7. Financial need of the applicant for scholarship assistance shall be one of the main considerations of the selection committee when applicants have met all other criteria for the scholarship.
8. Applications must be completed and on file in the school counselor or principal's office by **March 15th**.
9. The scholarship will be administered by the Niagara School District with the scholarship award being provided through the Dickinson Area Community Foundation (DACF). The selection committee shall consist of the principal, counselor, and one faculty member.
10. In the event the Scholarship Committee does not feel applicants for a particular year warrant the scholarship, then no award shall be given out and eligible funds shall remain in the Nancy Morin Memorial Scholarship Fund account.
11. 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,
 - 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.



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Completed applications must be submitted by March 15th

Date	
First and Last Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
Email Address	
GPA	
What extra-curricular and community service activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable:	
Did you work during the school year?	If yes, how many hours/week?
Name of college/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. A one-page essay, using 12-point font, double-spaced, demonstrating your work ethic in school and in the community and what made you choose the field you are entering. Please also explain how this scholarship will help you meet that goal. 2. Please include a copy of your high school transcript. 3. Include a copy of the letter of acceptance from your college/university prior to award. 	
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 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 Nancy Morin Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____