



Maurina Family Memorial Scholarship Criteria

Norway Area Community Foundation

an affiliate of the Dickinson Area Community Foundation

The scholarship is named for the Maurina Family, who believed strongly in affording Norway-Vulcan students the opportunity to pursue their educational career goals.

One scholarship recipient will be chosen annually from Norway High School. 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 be a graduating senior of Norway High School who plans to attend an institution of higher learning to pursue a degree in either the field of pharmacy or elementary education.
2. The selection is to be based on character, dedication, personality, and a genuine interest in pursuing a post-secondary degree in either pharmacy or elementary education.
3. Financial need **WILL** be a factor in the selection process.
4. Applicants must submit an essay of 200-250 words on why they chose the field they are entering and how their character and personality will be a benefit to this area of study. The essay should include information about financial needs to obtain these goals.
5. **All applicants must adhere to Guidance Counselor deadlines.** Failure to turn in a completed application by the due date will result in the student being ineligible to apply for this scholarship. Guidance Counselors, all completed applications must be returned to Dickinson Area Community Foundation by **March 15**.
6. The scholarship committee will consist of the following:
 - a. Superintendent of Schools
 - b. High School Principal
 - c. Elementary Principal
 - d. High School Guidance Counselor



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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:			
Did you work during the school year?	If yes, how many hours/week?		
Weekly earnings:	Do you have any savings for college?		
Approximate amount of savings:			
Name of person(s) dependent upon your earnings (if any)?			
Will you work while attending college?			
If so, for what portion of your expenses?			
How much do you estimate it will cost you to go to the college of your choice for one year?			
Tuition & Fees	\$	_____	
Room & Board	\$	_____	
Books & Supplies	\$	_____	
Miscellaneous	\$	_____	
Total:	\$	_____	
Will you attend college if you do not receive a scholarship?			

Please include the following with the application:	
<ol style="list-style-type: none"> 1. An essay (200-250 words) on why you chose the field you are going into and how your character and personality will be a benefit to this area of study. The essay should include information about financial needs to obtain these goals. 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:	
The purpose of supplying us with the following information is to determine if the applicant comes from a family of modest means. The information you supply will help the Maurina Family Scholarship Committee determine if the applicant qualifies. It will, therefore, be necessary to obtain confidential information from you. Your answers to the following questions will be treated as strictly confidential.	
What was the household total income for the year 20__? \$ _____ Parent #1 _____ Parent #2 _____	
What was the source of the income?	
What was the general distribution of your income for 20__?	
Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:	
Do you have a 529 Plan or college fund established?	

Are there savings, insurance policies or annuities intended for the college education of the applicant?
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 Maurina Family Scholarship Committee.

Signature of Applicant: _____ Date: _____