



Cameron Scholarship Criteria
Norway Area Community Foundation
an affiliate of the Dickinson Area Community Foundation

*One or more scholarship recipient(s) will be chosen annually from Norway High School.
The recipient(s) shall receive a one-time scholarship award of \$1,000.00.*

Eligibility:

1. The applicant must be a graduating Norway High School Senior.
2. The recipient must be entering a degree granting program at a two-year or four-year post-secondary institution of higher learning and pursuing a career in a health care field, particularly in pre-med, nursing (LPN, RN, Nurse Practitioner), or Physician Assistant. Other medical fields will be taken into consideration if there are no applicants from any of the above.
3. The applicant must have a minimum GPA of 3.0.
4. The applicant must include a personal statement (approximately one paragraph) stating how their field of study applies to the health care profession.
5. A transcript of the student's high school records must be supplied.
6. **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.
7. 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.



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Date	
Full Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail (Required)	
High School Attended	
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 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 any other scholarships? If so, name of scholarships & amounts:	

Please include the following with the application:	
<ol style="list-style-type: none"> 1. A personal statement on how your field of study applies to the health care field. 2. A copy of your high school transcripts. 	
Application Deadline	
All applicants must adhere to the Guidance Counselor deadlines. Guidance counselors must forward applications to Dickinson Area Community Foundation by March 15.	
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:	
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 Cameron Scholarship Committee.

Signature of Applicant: _____ Date: _____