

Name of school or college you plan on attending:	
Are you presently accepted/enrolled?	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. Three (3) letters of recommendation from a non-family member such as an employer, clergy, doctor, etc. 2. Write a short essay (one page double-spaced 12 pt. font) on why you chose your particular medical profession. 3. Copy of a letter or registration from the school you will be attending. 	
Application Deadline	
<p>All applications need to be submitted to the DACF office or mailed to the following address by SLO 30th.</p> <p>DACF 220 E Hughitt Street Iron Mountain, MI 49801</p>	
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	
Department Manager Signature	
Date	
Email Address	

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 Huron Family Memorial Advisory Board.

Signature of Applicant: _____ Date: _____