



Carrie Elaine DeRidder Memorial Scholarship Criteria

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

This scholarship was established by the family and friends of Carrie Elaine DeRidder in her memory. Carrie DeRidder was a student of Norway High School.

One scholarship will be awarded to a student attending Norway High School. The recipient of this scholarship must meet the following criteria:

Eligibility:

1. The applicant must be a graduating senior of Norway High School.
2. Scholastic record will NOT be a major factor in the selection of the recipient.
3. Applicants must submit an essay of 200-250 words that shows how they demonstrate respect for others, their dedication, and their participation in school activities.
4. **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.**
5. The scholarship selection committee will consist of the following:
 - Elementary Principal
 - High School Principal
 - High School Guidance Counselor



Carrie Elaine DeRidder Memorial Scholarship

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| | |
|---|-------------------------------------|
| Date | |
| Full Name | |
| Street Address | |
| City ST ZIP Code | |
| Home & Cell Phone | |
| E-Mail (Required) | |
| High School Attended | |
| 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: | |
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| School athletics in which you participated: | |
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| Honors received in high school: | |
| | |
| Did you work during the school year? | If yes, how many hours/week? |

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|--|--|
| 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 a scholarship? If so, name of scholarship & amount: | |
| | |
| Please include the following with the application: | |
| <ol style="list-style-type: none"> 1. A typed 200-word essay on how you have demonstrated respect for others, dedication, and participation in school activities. 2. A copy of your high school transcript. | |
| 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: | |
| | |

Please note any additional information which may assist the scholarship selection committee in consideration of the applicant:

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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 Carrie Elaine DeRidder Scholarship Committee.

Signature of Applicant: _____ Date: _____