



Joseph J. & Amelia B. Nora Memorial Scholarship Criteria

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

This scholarship is in memory of Joseph J. and Amelia B. Nora, lifelong residents of Norway and leaders in community and personal service.

One of more scholarship recipient(s) will be awarded annually to a graduating Norway High School senior who will be attending either Michigan State University or the University of Michigan. If possible, scholarships will be awarded for study at either university in alternating years, or on a 50/50 basis over time. 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 scholarship is a one-time award and is not renewable.
2. The recipient must be committed to a four-year degree program in the area of study of his/her choice at either Michigan State University or the University of Michigan.
3. The recipient must have demonstrated a potential for success in college by his/her academic record, work habits, responsibility, and character.
4. The recipient shall exhibit leadership qualities, participation in school activities, and concern for others.
5. Applicants must submit an essay (150-250 words) on how their work habits, responsibility, and character will help them obtain their goals in their selected field.
6. If applicants have comparable qualifications, financial need shall determine the selection of the recipient.
7. Applications must be on file in the counselor's office by **March 15th**. Failure to turn in a completed application by the due date will result in the student being ineligible to apply for this scholarship.

The scholarship committee shall consist of:

- Superintendent of Schools
- High School Principal
- High School Guidance Counselor
- High School Faculty Representative



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Date			
Full Name			
Street Address			
City ST ZIP Code			
Home Phone			
Email Address			
High School Attended			
GPA			
Class Rank			ACT Score:
Leadership positions held:			
School Activities you participated in:			
Check below the university you plan to attend:			
Michigan State University		University of Michigan	
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 (150-250 words) on how your work habits, responsibility, and character will help you obtain your goals in your chosen field. 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 Nora 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 & 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 Nora Scholarship Committee.

Signature of Applicant: _____ Date: _____