



## **Gordon & Irma Johnson Scholarship Criteria**

### **Dickinson Area Community Foundation**

*One or more scholarship recipient(s) will be chosen annually from North Dickinson High School. The recipient(s) shall receive a one-time scholarship award in an amount to be determined annually based upon earned income of the fund.*

#### **Eligibility:**

1. The recipient must be graduating senior of North Dickinson High School.
2. The recipient must be entering a degree-granting program at a four-year post-secondary institution of higher learning and pursuing a career in an education or nursing field.
3. The recipient must have a GPA of at least 2.0 and have demonstrated the ability to do college-level coursework.
4. A transcript of the applicant's high school records must be supplied.
5. The applicant must write a paragraph stating how their field of study applies to the education or nursing profession.
6. All completed applications must be returned to the Guidance 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.
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.



## ***Gordon & Irma Johnson Scholarship***

**Dickinson Area Community Foundation**

**Completed applications must be submitted by March 15th**

<b>Date</b>	
<b>Full Name</b>	
<b>Street Address</b>	
<b>City ST ZIP Code</b>	
<b>Home Phone</b>	
<b>Email Address</b>	
<b>High School Attended</b>	
<b>GPA</b>	
<b>What extra-curricular activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable:</b>	
<b>Did you work during the school year?</b>	<b>If yes, how many hours/week:</b>
<b>Name of college or university you plan to attend:</b>	
<b>Have you applied for admission?</b>	
<b>Have you been accepted?</b>	
<b>Intended field of study:</b>	
<b>Have you applied for other scholarships?</b>	
<b>Have you been granted a scholarship? If so, name of scholarship &amp; amount:</b>	
<b>Please include the following with the application:</b>	
1. Attach a personal statement which includes your comments on how your field of study relates to an education or nursing field.	
2. Please include a transcript of your high school records.	
<b>Application deadline</b>	
All applications need to be submitted to the guidance counselor's office <b>by March 15<sup>th</sup></b> .	

<b>Applicant agreement and signature</b>	
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	
<b>Parent/guardian application form</b>	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
<b>Do you have any other dependents or extenuating circumstances that should be considered? If yes, please explain:</b>	
<b>Please note here any additional information which may assist the scholarship selection committee in consideration of the applicant:</b>	
<b>Parent/guardian agreement and signature:</b>	
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 Gordon & Irma Johnson Scholarship Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_