



MMC-Dickinson Employee Scholarship Fund Criteria Dickinson Area Community Foundation

Two (2) Scholarship recipients will be chosen annually. The recipients shall receive a one-time Scholarship Award in an amount to be determined annually based upon earned income of the fund.

Eligibility:

1. Students must be pursuing a career in a health-related field.
2. High school students that are applying must have a C average or better to qualify.
3. The applicant must reside within a 50-mile radius of Marshfield Medical Center-Dickinson (or within driving distance if commuting).
4. The recipient must maintain the GPA that is required to remain in the program they are pursuing.
5. The recipient must commit to one year of service for each year awarded the scholarship if offered a position at Marshfield Medical Center-Dickinson.
6. The scholarship is open to current employees (including their spouses, children, grandchildren, stepchildren and step-grandchildren).
7. Applicant must submit a one-page double-spaced 12 point font essay explaining why you chose your particular medical curriculum.
8. Applicant must have three (3) letters of recommendation from non-family members.
9. Applications with references must be received in the Dickinson Area Community Foundation office by **April 17th**.
10. All applications must be accompanied by a copy of a letter of acceptance or registration from the school you will be attending.
11. Completed application packages must be sent to the DACF office by **April 17th**.

Dickinson Area Community Foundation
220 E Hughitt Street
Iron Mountain, MI 49801

Addendum:

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.
- Failure to provide the Dickinson Area Community Foundation with documents and verification as specified in the Foundations established policies for renewing scholarships.
- 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.



MMC-D Employee Scholarship

Dickinson Area Community Foundation

Marshfield Medical Center-Dickinson

Completed applications must be submitted by April 17th

Date		
Name		
Street Address		
City ST ZIP Code		
Home & Cell Phone		
Email Required:		
High School Graduated from		
Year of Graduation		
College Attended		
Degree Attained		
Scholastic Average		
MMC-D Employee	Yes	NO
If no, who are you related to at Marshfield Medical Center-Dickinson and how?		
Other Educational Training:		



Work Experience:	
Name of school or college you plan on attending:	
Are you presently accepted/enrolled?	
Please list any other scholarships that you have applied for:	
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 April 17th. Dickinson Area Community Foundation 220 E Hughitt Street Iron Mountain, MI 49801</p>	
Agreement and Signature	
<p>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.</p>	
Name (printed)	
Signature	
Date	
E-Mail 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 scholarship selection committee.

Signature of Applicant: _____ Date: _____