



Nurses Memorial Scholarship of Dickinson County Criteria

Dickinson Area Community Foundation

One scholarship recipient will be chosen annually. 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 applicant must have a sincere desire to continue his/her education in an accredited professional nursing program leading to a degree in nursing.
2. Applicants must be graduates of an accredited high school in Dickinson County or currently live or work in Dickinson County.
3. Applicants must have been accepted by an accredited school of professional nursing.
4. Candidates for a scholarship may be enrolled at any level of the professional nursing program, beginning with the entry level.
5. Applicants, whether they receive an award in the current year or not, may apply for successive scholarships and will be considered along with other applicants for that year, providing they remain in professional nursing education programs.
6. Applicants must submit one reference letter from their school (teacher, counselor, coach etc.) and two reference letters from people who are familiar with the applicant (not family).
7. Applicants must submit a one-page double-spaced (12 font) essay on why they chose nursing as a profession.
8. Applicants must submit a transcript of their high school/college records and their ACT/SAT scores.
9. Failure by an applicant to complete the application entirely and/or failure to provide the requested information may result in rejection of the application.
10. Each application for a scholarship will be judged by the contents of the application. The final decision will rest with the selection committee.
11. The selection committee will not discriminate on the basis of race, color, national origin, handicap, age, sex or creed.
12. 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.



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Completed applications must be submitted by March 15th

Date	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Email Address	
High School Graduated from:	
Year of graduation	
GPA	
Highest ACT composite score and/or SAT score	
Other Educational Training:	
What extra-curricular activities did you participate in? Include in-school activities and activities outside of school. List position held, if applicable:	
Work Experience:	

Nursing school or college you plan on attending:	
Are you presently accepted/enrolled?	
Career goal:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A current letter of recommendation from your high school or college (teacher, counselor, coach etc.) 2. Two other current letters of recommendation from non-family members such as an employer, clergy, doctor, etc. 3. Transcript of high school grades/college grades and ACT/SAT scores. 4. A short essay (one page double spaced 12 font) on “Why I chose nursing for a profession”. 	
Application deadline	
<p>All applications need to be submitted to the guidance counselor’s office or mailed to the following address by March 15th.</p> <p>DACF 220A East Hughitt Street Iron Mountain, MI 49801</p>	
Applicant 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	

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 Nurses Memorial Scholarship of Dickinson County Advisory Board.

Signature of Applicant: _____ Date: _____