DICKINSON
HOSPITALS' FOUNDATION

DICKINSON AREA
COMMUNITY
FOUNDATION

Marshfield Medical Center - Dickinson
Employee Scholarship

Dickinson Area Community Foundation

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

Criteria:

1. Students must be pursuing a career in a health-related field.
2. The scholarship is open to current employees and their relatives. Qualifying relatives include spouses, children, grandchildren, stepchildren and step-grandchildren.
3. The applicant must reside within a 50-mile radius of the Marshfield Medical Center - Dickinson, or within driving distance if commuting.
4. Applicants who are high school students must have a C average or better to qualify.
5. The recipient must maintain the GPA that is required to remain in the program they are pursuing.
6. The applicant must submit three (3) letters of recommendation from non-family members.
7. The applicant must submit a one-page, double-spaced, 12pt. font essay explaining why they chose their particular medical curriculum.
8. All applications must be accompanied by a copy of a letter of acceptance or registration from the school the applicant will be attending.
9. The recipient must commit to one year of service for each year awarded the scholarship, if offered a position at Marshfield Medical Center - Dickinson.
10. Completed application packages (the completed application form and other required documents) must be received at the Dickinson Area Community Foundation (DACF) office by **June 3rd, 2024.**

    DACF
    220A East 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 Foundation's established policies.
- 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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Marshfield Medical Center-Dickinson Employee Scholarship

Dickinson Area Community Foundation

Date:		
Name:		
Street Address:		
City, State, ZIP Code:		
Home & Cell Phone:		
Email Address:		
High School Graduated from:		
Year of Graduation:		
College Attended:		
Degree Attained:		
Scholastic Average:		
MMC-D Employee?	**Yes**	**No**
If not an employee, who are you related to at MMC-D and how?		
Other Education/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:

1. Three letters of recommendation from non-family members such as an employer, clergy, doctor, etc.
2. A short essay (one page, double-spaced, 12pt font) on why you chose your particular medical profession.
3. A copy of a letter of acceptance or registration from the school you will be attending.

Application Deadline

All applications must be received by the Dickinson Area Community Foundation at the following address **by June 3rd, 2024.**

DACF
220A East Hughitt Street
Iron Mountain, MI 49801

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	
Email 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 Marshfield Medical Center-Dickinson Employee Scholarship selection committee.

Signature of Applicant:___________________________________ Date:________________