



## *Nurses Memorial of Dickinson County Scholarship*

Dickinson Area Community Foundation

Completed applications must be submitted by March 15th

|   |  |
|---|--|
| <b>Date</b>   |  |
| <b>Name</b>   |  |
| <b>Street Address</b>   |  |
| <b>City ST ZIP Code</b>   |  |
| <b>Home Phone</b>   |  |
| <b>High School Graduated from:</b>  |  |
| <b>Year of graduation</b>   |  |
| <b>GPA</b>  |  |
| <b>Highest ACT Composite Score(also please included with application)</b> |  |
| <b>Other Educational Training:</b>  |  |
|   |  |
| <b>Extra Curricular Activity:</b>   |  |
|   |  |
| <b>Work Experience:</b>   |  |
|   |  |

|  |  |
|--|--|
| <b>Nursing school or college you plan on attending:</b>  |  |
| <b>Are you presently accepted/enrolled?</b>  |  |
| <b>Career goal:</b>  |  |
| <b>Please include the following with the application:</b>  |  |
| <ol style="list-style-type: none"> <li>1. A current letter of recommendation from your high school or college (teacher, counselor, coach etc,)</li> <li>2. Two (2) other current letters of recommendation from a non-family member such as an employer, clergy, doctor, etc)</li> <li>3. Transcript of high school grades/college grades and ACT scores.</li> <li>4. Write a short essay (one page double spaced 12 font) on "Why I chose nursing for a profession".</li> </ol> |  |
| <b>Application Deadline</b>  |  |
| <p>All applications need to be submitted to the guidance counselor's office or mailed to the following address <b>by March 15<sup>th</sup></b>.</p> <p>DACF<br/>333 S Stephenson Ave. Suite 204<br/>Iron Mountain, MI 49801</p>  |  |
| <b>Agreement and Signature</b>   |  |
| <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: \_\_\_\_\_