



Maurina Family Scholarship
Dickinson Area Community Foundation
Completed applications must be submitted by March 15th

Date			
Full Name			
Street Address			
City ST ZIP Code			
Home Phone			
High School Attended			
GPA			
Class Rank		ACT Score:	
Honors received in high school:			
Estimated yearly income:			
State in detail on how you plan to finance your college education:			
Unusual circumstances or other debt creating a financial need for help with college expenses:			
Did you work during the school year?		If yes, how many hours/week?	
Name of college or university you plan to attend:			
Have you applied for admission?			

Have you been accepted?	
Intended field of study:	
Have you applied for other scholarships?	
Have you been granted a scholarship? If so, name of scholarship & amount:	
Please include the following with the application:	
<ol style="list-style-type: none"> 1. A 200 word essay on why you chose this field of education and how your character and personality will be a benefit to this area of study. 2. High school transcripts 	
Application Deadline	
All applications need to be submitted to the guidance counselor's office by March 15th .	
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	
Parent Application Form	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:	
Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:	

Agreement & Signature:
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 Maurina Family Scholarship Committee.

Signature of Applicant: _____ Date: _____