



Joseph J. & Amelia B. Nora Memorial 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:
Leadership positions held:		
State in detail on how you plan to finance your college education:		
Briefly describe how you plan to pay the costs of attending college:		
Did you work during the school year?	If yes, how many hours/week?	
Check below the university you plan to attend:		
Michigan State University	University of Michigan	
Intended field of study: (must be a four year program)		

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:	
1. 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 Joseph J. & Ameila B. Nora Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____