

# **Dr. Donald S. Cameron Scholarship**

for

**Medical Science and Research**

## **Application Form**

This scholarship is awarded to a senior student who has maintained at least a B average, (or it's equivalent as designated by the school) during their four years of high school. The student must have exhibited to their community, the nation or on an international level, service over and above that required for graduation. It recognizes students who will maintain high ethical standards and who intend to pursue a career in medical science, research or related health fields.

Dr. Cameron, a long time resident of Richfield and a member of the Richfield Rotary for 47 years, was a leader both in his community and in the field of dentistry. In an effort to provide a service to the community and advance the cause of medical science, this scholarship is being offered in his name. This scholarship of \$1000.00 will be sent to the school the recipient attends as a credit towards tuition.

# Application Form

## Dr. Donald S. Cameron Scholarship

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Father Living: Yes \_\_\_\_\_ No \_\_\_\_\_ Mother Living: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Occupations:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Number of persons dependent on the family income: \_\_\_\_\_

Do you have siblings in college or other post high school training: Yes \_\_\_\_\_ No \_\_\_\_\_

Where: \_\_\_\_\_

Do you currently have a job: Yes \_\_\_\_\_ No \_\_\_\_\_, if so, where \_\_\_\_\_

What post-secondary institution do you plan to attend: \_\_\_\_\_

What will be your major course of study: \_\_\_\_\_

Please indicate your grade-point average in each of the following years of school:

9th \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_, and first semester 12<sup>th</sup> \_\_\_\_\_

### **LEADERSHIP**

On a separate document please provide a summary of the following:

Your *activities in school*, including such things as offices held, committees you have served on, extra-circular activities, and any honors you have received.

Your *civic and community activities*, such as volunteer work, church, scouting and any offices you have held in these organizations.

## **MEDICAL CAREER OBJECTIVES**

On a separate document, please write a paragraph, of no more than 100 words, concerning the type of medical career you would like to pursue. Be specific about your reasons for wanting to achieve this goal.

## **PERSONAL STATEMENTS**

Please complete the following statements in one to two sentences:

In the future I would like to:

The one accomplishment I'm most proud of is:

The person who has most influenced my life is \_\_\_\_\_ because:

The one thing I'd like to do to improve my community is:

**Along with your application, please include a copy of your most current school transcript and a letter of recommendation from a faculty member of your school.**

**Completed applications must be postmarked by Friday, April 28, 2017 and sent to:**

**Richfield Rotary Foundation  
c/o Jean Fox  
2209 Crestmount Lane  
Burnsville, MN 55306**

**Applications postmarked after the due date will not be considered.**

**Questions about this scholarship can be directed to Jean Fox at 952-898-9518.**