

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 _____ 10th _____ 11th _____, and first semester 12th _____

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, May 3, 2019 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 612-810-5044.