

KIRK R. DYE MEMORIAL MEDICAL SCHOLARSHIP

- NAME:** This scholarship shall be known as the Kirk R. Dye Memorial Medical Scholarship.
- MONEY:** The funds for this scholarship shall be deposited in the First National Bank Northeast in the Tekamah-Herman Public School Foundation under the name Kirk R. Dye Scholarship.
- CONTROL:** The scholarship shall be controlled by the Tekamah-Herman Public Schools Foundation.
- AMOUNT:** A single (1) scholarship to be awarded each year in the amount of \$2,000 until the funds are depleted.
- ELIGIBILITY:**
- A. The applicant must be a past graduate of Tekamah-Herman High School.
 - B. Applicant must be at least a second year student at an accredited post secondary institution majoring in a medical program which may include the following: medicine, dentistry, pharmacy, physician's assistant and nursing. Chiropractic programs are excluded.
 - C. Students who are being considered for this scholarship shall have a cumulative grade point average of 3.0 on a 4.0 scale.
 - D. The applicant's financial need and work experience will be considered.
 - E. Applicants must file a formal application. Forms are attached.
 - F. Scholarships may be renewable from 1-3 years at the option of the Committee and upon reapplication of the recipient.
- SELECTION:** The Tekamah-Herman Public Schools Foundation will select the recipient each year.
- DISBURSEMENT:** This scholarship shall be awarded at the beginning of the second semester. This normally will be in January. The check will be made payable to the student and to the post secondary school. Scholarships awarded but not used within one year of the granting of the award shall be cancelled and the money re-deposited in the Kirk R. Dye Memorial Medical Scholarship to become available for the next year's scholarship.

CHANGES:

Any changes governing this scholarship will be made by the Committee.

KIRK R. DYE MEMORIAL MEDICAL SCHOLARSHIP
Application Form

1. Name of Applicant _____

2. Post Secondary School you will be Attending _____

3. Area of Study _____

4. Grade Point Average at the End of Most Recent Semester _____

5. Why are you applying for this Scholarship? _____

Student Signature _____

Please return this form to the Guidance Counselor's Office by April 15th