

# Fond du Lac Area Foundation

## ELMER AND NELLIE DIXON SCHOLARSHIP

### For Careers in Agriculture or Protestant Christian Ministry

#### I. SCHOLARSHIP PROGRAM

Elmer and Nellie Dixon Scholarships are available to post-high school students graduating from Fond du Lac County high schools and studying in fields related to agriculture or Protestant Christian Ministry and who are financially needy. Elmer Dixon was a special “philanthropic” man in Fond du Lac who was active in numerous local organizations. Mr. Dixon died in 1997 at the age of 89.

The Dixon Scholarship checks are sent to the recipient, made payable jointly to the recipient and the school, upon receipt of written proof of enrollment at the college or university.

#### II. SCHOLARSHIP GUIDELINES

Applications will be evaluated on the basis of demonstrated financial need and a 350 word statement.

#### III. APPLICANTS MUST:

1. BE A LEGAL RESIDENT of Fond du Lac County or GRADUATE OF A HIGH SCHOOL in Fond du Lac County.
2. Submit the **MOST RECENT ORIGINAL, CERTIFIED** School Transcript with the application.
3. Major in either Protestant Christian Ministry or agriculture or related field.

#### IV. APPLICATION DEADLINE

**Applications must be postmarked or received by March 31. Applications can be mailed to:**

Fond du Lac Area Foundation  
384 North Main St. – Suite 4  
Fond du Lac, WI 54935

**ELMER AND NELLIE DIXON SCHOLARSHIP  
APPLICATION FORM**

(PLEASE TYPE OR PRINT CLEARLY)

**PERSONAL DATA**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last First Middle

Home Address: \_\_\_\_\_

Street City State Zip

County of Residence: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name of Parent, Guardian, or Nearest Relative: \_\_\_\_\_

Address: \_\_\_\_\_

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

Occupation and Place of Employment Father \_\_\_\_\_

Mother \_\_\_\_\_

**FINANCIAL INFORMATION**

List other dependents in family with ages: (Please state if presently attending college)

\_\_\_\_\_

Gross income of parents: Under \$30,000   
\$30,000 to \$60,000   
\$60,000 to \$80,000   
\$80,000 to \$100,000   
Over \$100,000

Applicant's gross income: \$ \_\_\_\_\_ Other sources of income: \_\_\_\_\_

**EDUCATIONAL DATA**

What post-secondary institution are you attending or planning to attend? (Please include address)

(Name of School)

(Address)

Have you been accepted? First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Do you plan to attend: full-time?  yes  no

part-time?  yes  no

Projected expenses for year in which assistance is requested:

Tuition \_\_\_\_\_

Fees \_\_\_\_\_

Books and Supplies \_\_\_\_\_

Other Expenses (Explain) \_\_\_\_\_

Total: \_\_\_\_\_

Intended Major in College: \_\_\_\_\_

Record of High School Education

Name and address of High School	From Month/Yr	To Month/Yr	Diploma Month/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will you receive other scholarships/grants? (Be specific)

\_\_\_\_\_

**WORK EXPERIENCE**

List present and past employment beginning with your most recent job.

Name & Address of Employer Type of Business	From (Month/Yr)	To (Month/Yr)	Job Title & Duties
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL STATEMENT**

Statement should be no more than 350 words, typewritten on a separate page, and attached to application. The following items should be addressed:

1. Why have you chosen a career in either agriculture or Protestant Christian ministry?
2. What is your educational plan.
3. Explain how your education will be financed, including loans, family assistance, your own savings, scholarships, etc.
4. Explain any unusual financial circumstances. Is there a family situation which affects your college financial plan?

SEND SIGNED, COMPLETED APPLICATION FORM AND **ORIGINAL CERTIFIED** TRANSCRIPT TO:

Fond du Lac Area Foundation  
384 North Main St. – Suite 4  
Fond du Lac, WI 54935

Applications must be postmarked or received no later than March 31.

Scholarship recipients will be notified. Upon written proof of enrollment, a check will be sent to the recipient, payable to the recipient and the college of choice.

**Decision of the Scholarship Committee is Final.**

I hereby certify that the information I have submitted is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_