



**Oregon Trail Community Foundation**  
P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361

## **DOROTHY BRONSON MEMORIAL SCHOLARSHIP CRITERIA**

*For area high school students to attend summer camp  
for the study of art, music, dance or theater*

Area high school students are eligible to receive Dorothy Bronson Memorial Scholarships through the summer following high school graduation. OTCF Scholarship Committee determines recipients and amount of awards. Recipients may receive these funds one time only. **Deadline for application and supporting documents is February 15th.**

Downloadable application forms are available online at [www.otcf.org](http://www.otcf.org) or from the Oregon Trail Community Foundation office. For more information call (308) 635-3393.

To apply for the Dorothy Bronson Memorial Scholarship, please submit the following:

- Application form
- Letter of recommendation from the applicant's instructor
- Proof of applicant's acceptance at an art, music, dance, or theater camp

Send the information above by mail to: Oregon Trail Community Foundation, Scholarship Committee, P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361.



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**DOROTHY BRONSON MEMORIAL**  
**SCHOLARSHIP APPLICATION**

Applicants must provide the following information to the Oregon Trail Community Foundation in an organized, readable form by **February 15th**. If you have questions, please call (308) 635-3393. Please attach separate sheet if space is not adequate to list all information.

**Applicant's Full Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Last 4 digits of Social Security or Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Program or Camp you plan to attend** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Program Duration \_\_\_\_\_ Cost: \_\_\_\_\_

*(Number of days, weeks, etc)*

Name of High School (or college for fall applicants): \_\_\_\_\_

Name of Instructor \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_ Year of College Graduation \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Enclose this form along with letter of recommendation from the applicant's instructor and proof of applicant's acceptance at an art, music, dance or theater camp.*

Mail the application and all supporting information to: Oregon Trail Community Foundation, Scholarship Committee, P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361.