

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

**DOROTHY BRONSON MEMORIAL SCHOLARSHIP CRITERIA**

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

Area high school students are eligible through the summer following high school graduation. Recipients may receive these funds one time only. Deadline for application and supporting documents is April 1.

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.

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

**DOROTHY BRONSON MEMORIAL SCHOLARSHIP APPLICATION**

Applicants must provide the following information to the Oregon Trail Community Foundation in an organized, readable form by April 1 of each year. If you have questions, please call (308) 635-3393.

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

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

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

Social Security # \_\_\_\_\_ 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 \_\_\_\_\_

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

Year of High School 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.