



## Becky & Dave Nelson Healthcare Career Scholarship

**Purpose:** To identify and retain outstanding area high school seniors dedicated to furthering their education in a health-related occupation. This scholarship is in honor of retired Chief Operating Officer of Sanford Health, Becky Nelson and her husband for her commitment and years of service to healthcare and Sanford Health.

**Award:** A minimum of two scholarships will be awarded to high school seniors who plan to attend the **University of South Dakota**, Vermillion and pursue a course of study in a **healthcare profession**.

### **Qualifications:**

Applications of the scholarship must meet the following requirements:

- ◆ High school seniors who plan to enroll in a full-time undergraduate course of study at the University of South Dakota and pursue a course of study in a healthcare profession.
- ◆ Cumulative grade point average of 3.0 or greater.

### **Required Attachments:**

- ◆ Complete attached application.
- ◆ **Essay:** Attach a self-written essay (no more than 2 pages) detailing the following information:
  - Your high school achievements or honors, community and school activities, and your employment history;
  - Plans for future study and why you are pursuing your chosen healthcare field;
  - Involvement in healthcare related activity (volunteer and/or paid activity).
- ◆ One letter of reference from a teacher, counselor or employer speaking to your interest in pursuing a healthcare career.
- ◆ Official High School transcript (cumulative grade point average of 3.0 or greater).
- ◆ Copy of your college entrance examination (ACT/ SAT) scores.

### **Other details:**

- ◆ Recipients are **invited** to attend the Dakota Hospital Foundation Leadership Dinner in May.

**Applications must be received by March 31 and submitted to:**

Dakota Hospital Foundation Scholarship Program  
20 S Plum Street, Vermillion, SD 57069  
(605) 677-3500



# Becky & Dave Nelson Healthcare Career Scholarship Application

Please complete all sections - please print or type.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

College Student ID: \_\_\_\_\_

Parent Information for press release

Mother and Father's Name (first and last) \_\_\_\_\_

Name of the High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_ Class Rank: \_\_\_\_/\_\_\_\_

Have you been or are you currently employed in a medical setting?  Yes  No

If yes, where and in what capacity? \_\_\_\_\_

Major course of study/healthcare field you plan to enter: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

- ◆ I hereby give Dakota Hospital Foundation/Sanford Vermillion my permission to be photographed and/or use of a photo provided by me. The photograph(s) will be used for promotional/marketing including but not limited to newsletters, social media, website and press releases.
- ◆ I hereby give Dakota Hospital Foundation/Sanford Vermillion my permission to contact my school for additional records if needed.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian or student if 18 years of age

\_\_\_\_\_  
Date