



# Dakota Hospital Foundation SVMC Employee-Child Scholarship Program

**Purpose:** Dakota Hospital Foundation has developed a scholarship program to assist employees' children who are planning to pursue post-secondary education in a two- or four- year college, university, or vocational-technical program.

## **Qualifications:**

Applicants of the scholarship must meet the following requirements:

- Dependent children of full-time, part-time or unscheduled part-time employees of Sanford Vermillion Medical Center. Applicant's parent must be employed as of **March 31, 2023**, of the current year;
- High school seniors who plan to enroll in a full-time undergraduate course of study at an accredited post-secondary institution;
- 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 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 your chosen field.
- ◆ 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 **required** to attend the Dakota Hospital Foundation Leadership Dinner on **May 16, 2023**.

**Applications must be received by March 31, 2023, and submitted to:**

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



# Dakota Hospital Foundation

## SVMC Employee-Child Scholarship Program

### Application

Please complete all sections - please print or type.

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

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

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

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

Employee/Parent Name \_\_\_\_\_ Department/Title \_\_\_\_\_

Employee # \_\_\_\_\_ Date of Hire \_\_\_\_\_

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

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

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

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

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

#### Post-Secondary School Information

Name of accredited school you plan to attend in the fall of 2023. (If unknown, please list in order of preference the schools to which you have applied). **Please do not abbreviate school names.**

1st Preference School Name \_\_\_\_\_

Complete Address \_\_\_\_\_

2nd Preference School Name \_\_\_\_\_

Complete Address \_\_\_\_\_

- ◆ 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, 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**