



Patrick & Theresa Wingen Family Vocational School Scholarship

Purpose: To identify and retain outstanding Vermillion area high school seniors dedicated to furthering their education in a health-related occupation. This scholarship is in honor of Patrick and Theresa Wingen for their commitment to healthcare occupations achieved through attending a Vocational Technical Institution.

Award: A minimum of one scholarship will be awarded to a high school senior who plans to attend an area **Vocational Technical Institution** and pursue a course of study in a **healthcare profession**.

Qualifications:

Applicants of the scholarship must meet the following requirements:

- ◆ High school seniors who plan to enroll in a full-time undergraduate course of study at a Vocational Technical Institution in South Dakota, Western Iowa Technical College, or Northwest Iowa Community College.
- ◆ Cumulative grade point average of 2.0 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, 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 2.0 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, submit to:

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



Patrick & Theresa Wingen Family Vocational School 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: _____

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