

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 **April 23, 2021** 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 18, 2021.

Applications must be received by April 23, 2021 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

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: Cumulative GPA:	ACT/SAT Score:	Graduation Date: Class Rank:/	
Major course of study/healthcar Anticipated graduation date:			
Post-Secondary School Informa Name of accredited school you pl preference the schools to which y	an to attend in the fall of 2		
1st Preference School Name			
Complete Address			
2nd Preference School Name			
Complete Address			
 I hereby give Dakota Hospital use of a photo provided by me not limited to newsletters, wel I hereby give Dakota Hospital additional records if needed. 	e. The photograph(s) will b bsite and press releases.	be used for promotional/m	arketing including bu
Applicant Name		<u>_</u>	Date

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

Date