



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 20, 2020** 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 Awards Dinner on the **evening of Thursday, May 21, 2020.**

Applications must be received by April 20, 2020 submit 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: _____

Employee/Parent Name _____

Employee # _____ Date of Hire _____

Address: _____ City: _____ State: _____ Zip: _____

Department/Title _____ Work Telephone Number _____

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 2020. (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