



## 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 18, 2021**.

**Applications must be received by April 23, 2021 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 2021. (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.

_____	_____
<b>Applicant Name</b>	<b>Date</b>
_____	_____
<b>Signature of Parent/Guardian or student if 18 years of age</b>	<b>Date</b>