

Pierre Educational Foundation

“Partnership in Academic Excellence”

PO Box 94
Pierre, SD 57501
Phone:(605) 224-9016

Pierre Hospital Auxiliary Scholarship Application

The Pierre Hospital Auxiliary Scholarship Fund was established in 2019 by the Pierre Hospital Auxiliary. This \$1,000 scholarship is intended to go to a graduating high school student who will enter the medical field. The scholarship may be awarded to a student attending a college, university, technical school or vocational school.

Selection Criteria/Requirements:

- 1) Pursuing a degree in the medical field;
- 2) Enrollment in an accredited college, university, technical school or vocational school.

Please type (or handwrite neatly) your application. This application must be completed and submitted to the Pierre Educational Foundation no later than **March 30**.

Mail application to: Pierre Educational Foundation, PO Box 94, Pierre, SD 57501

Print single sided only.

The Pierre Hospital Auxiliary Scholarship Application

Name: _____ Cell Phone: _____

Home Address: _____

Email Address: _____

Parent's Name: _____

Parent's Address: _____

Parent's Phone Number(s): _____

GPA: _____ Class Rank: _____

Name of college/university or technical/vocational school that you are planning to attend, if known:

Area of focus planned for post-secondary education:

In addition to the questions below, attach the following to your application:

Copy of your high school transcript, including class rank. Unofficial transcript is acceptable.

Two letters of recommendation. Recommendation letters should not be from family members. Only one letter of recommendation can be from school faculty or coaching staff. Other sources of recommendation could be church members, extracurricular contacts, or an employer. Letters should be addressed to the Pierre Educational Foundation Scholarship Selection Committee and must reference the name of the student and the scholarship.

Please answer the questions thoughtfully and thoroughly. If you need additional space, please attach additional sheets. Your complete answers are appreciated to assist the scholarship committee with their selection.

Print single sided only.

Name _____

1. Post-Graduation Education Plans

(Please state your plans for after graduation).

2. Goals

(Describe your goals and what you have done in the past and intend to do in the future to achieve your goals. Include any obstacles or challenges that you had while working to achieve the goals you have set for yourself).

3. School Activities

(Please list your school-based activities. These activities might include offices, positions, years of membership, including both school and extra-curricular activities. Include any awards and/or recognition received and special accomplishments in this area).

4. Community Activities

(Please list your community activities. These activities might include church activities, servant leadership, volunteering, scouting, etc. Include any awards and/or recognition received and special accomplishments in this area).

5. Leadership Activities

(Please list specific leadership activities you have held either in school or the community).

6. Work Experience

(Please list employer, length of service, and describe skills for each job held).

7. Financial Need

(Please describe your need for financial assistance. Please be specific concerning any family financial difficulties or hardships. Please list any other known scholarships that you will be receiving).

Print single sided only.