



604 FIRST STREET NE
WESSINGTON SPRINGS,
SOUTH DAKOTA 57382

(605) 539-1201

SCHOLARSHIP APPLICATION

Please Print or Type all Information

Name _____ Telephone _____

Address _____

City, State, Zip _____

Social Security Number _____

Parents Name _____

Occupation(s) _____

What health care career do you plan to pursue? _____

What College, University or Vocational School do you plan to attend?

Name _____

City, State _____

Are you currently enrolled or have been accepted for enrollment? Yes No

What is your current educational status (year in school)? _____

What is your current grade point average? _____

What community service or activities have you been involved in? _____

List any healthcare related volunteer service you have done: _____

On a separate piece of paper, briefly describe why you have chosen the health care field you plan to pursue.

Please submit a letter of reference from one of your teachers.

Application due by March 4, 2013