

Avera St. Luke's Auxiliary Scholarship Application Information

Please email (1) completed application (2) **three** letters of recommendation, and (3) a copy of your high school transcript to: aslauxiliary@avera.org.

Applications Deadline: March 7, 2019 -*Partial Applications will not be accepted.*

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Name of parent(s) and/or guardian(s) _____

Tell us about your family.

Home/school telephone number _____

Home/school email _____

Name and address of high school you attend

Class rank _____

Total class enrollment _____

Grade point average _____

Name of college/university or school you plan to attend after graduation

Write a brief paragraph about your plans for the future.

Describe your purpose and need in applying for this scholarship.

List activities, hobbies and volunteer programs in which you have been involved and describe your experience in one of these programs.

Major subject(s) you plan to study and what career you're pursuing.

Please indicate if you have already sent or have attached to the application the following documents:

- | | | |
|---------------------------------------|------|----------|
| • Copy of your high school transcript | Sent | Attached |
| • Three letters of recommendation | Sent | Attached |