



**Dr. Dave and Mary Ann Kapaska  
New Americans in Health Care  
Scholarship Application Form**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

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Name of Course or Program: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Please attach the following:**

**(1)** A written essay of no more than 500 words that describes your career goals and how completion of the educational course or program will assist in meeting those goals.

**(2)** One letter of recommendation from a teacher, school official or non-profit social service organization.

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Name	Institution	Phone	Relationship to You
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Please return your completed packet to **Foundation@Avera.org** by **March 31**.

Avera Foundation  
P.O. Box 5045, Sioux Falls, SD 57117  
Questions may be directed to 605-322-4750.