



MEDICAL STUDENT SCHOLARSHIP - Yankton

All Pillar 2 medical students enrolled in the Yankton Ambulatory Program are encouraged to apply for up to four \$5,000 scholarships awarded annually by the Avera Foundation.

Criteria:

1. Interest in the geographical area serviced by the Avera Sacred Heart Hospital
2. Preference or potential interest in primary or rural care
3. Demonstrated participation and future interest in community service activities

Application Materials: Complete applications should include the following materials.

1. Scholarship Application Form
2. Letter of Reference (from a faculty member)
3. Personal Statement: Discuss each of the following topics:
 - a. Your interest in the geographic area serviced by Avera Sacred Heart Hospital
 - b. Your interest in primary care or rural care
 - c. Your past experience and future interest in community activities
 - d. Why the Avera Sacred Heart Yankton Campus Ambulatory Program is the right choice for your third year academic experience

** Avera wishes to offer scholarship opportunities to as many students as possible. For this reason, if an eligible student has already received a medical student scholarship from another Avera entity (in the same calendar year), the student shall become ineligible to receive this scholarship.*

Applications are to be emailed to Foundation@Avera.org or mailed Avera Foundation P.O. Box 5045 Sioux Falls, SD, 57117 by March 31, 2021. For further information contact the Foundation at (605) 322-4750 or email Foundation@Avera.org.



MEDICAL STUDENT SCHOLARSHIP - YANKTON APPLICATION

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

High School Name & City (where graduated from): _____

Permanent Address History:

Give a list of the city/county/state of your permanent addresses beginning with the earliest. This should not include temporary address changes for attending school but rather a list of your permanent residence. If you need more space, please attach a separate sheet.

Years From – To	City	County	State
_____ – _____	_____	_____	_____
_____ – _____	_____	_____	_____
_____ – _____	_____	_____	_____

Letter of Reference:

Attach a letter of reference from a faculty member or have the faculty member send the letter to the Foundation@Avera.org. Name of USDSM faculty member who agreed to write your letter of reference:

Personal Statement:

Discuss each of the following topics:

- Your interest in the geographic area serviced by Avera Sacred Heart Hospital.
- Your interest in primary care or rural care.
- Demonstrated participation and future interest in community service activities
- Why the Avera Sacred Heart Yankton Campus Ambulatory Program is the right choice for you

Signature

Date