Kay Monson Scholarship Application Form

1. ________________________________________________________________
   Last Name  First  M.I.

2. ________________________________________________________________
   Address  City  State  Zip

3. ________________________________________________________________
   Social Security Number  Date of Birth  Phone

4. _____ Female _____ Male

5. Parents or Guardian: ______________________________________________

6. High School: ______________________________________________________

7. Graduation Date ___________________ ACT Score ________ SAT Score________

8. School and Community Activities:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. What honors, academic or otherwise, have you received and when?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

10. Name and address of South Dakota College or Technical school you plan to attend.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Have you been accepted? ______________________________________________

11. Why have you chosen this college or school? ___________________________
    ________________________________________________________________


12. In which health or science-related field or activity have you been involved as an employee or volunteer? ____________________________________________________
___________________________________________________
_______________________________________________________________________

13. What types of employment did you have throughout high school?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. List below any employment throughout high school.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Type of Work</th>
<th>Length of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you plan to work this summer, if so where? _________________________________
________________________________________________________________________

Please attach a copy of the following with your application form:
* Grade transcript
* Application form
* Resume
* A typewritten letter explaining why you have chosen to enter a health career field. Include reasons for applying for this scholarship.
* Two letters of reference. One completed by a science or math instructor. One completed by an employer, teacher, etc.

*Deadline is April 1st; send your application form, grade transcript, resume, and reference forms to:

Kay Monson Scholarship Committee
Avera St. Benedict Health Center
c/o Darcey Murtha Scholarship Coordinator
401 West Glynn Drive
Parkston, S. D. 57366
Darcey.Murtha@avera.org
Kay Monson Scholarship Student Statement

I fully understand that the scholarship award for which I am applying will be given by the Kay Monson Scholarship Committee. Scholarship recipients are chosen by the Kay Monson Scholarship Committee through the Avera St. Benedict Health Center Foundation.

The scholarship will be used to defray part of my educational expenses at the South Dakota school of my choice and will be paid directly to the school.

Student signature ____________________________________________ Date ______________

Parent or Guardian Statement

I, guardian or parent of ______________________________________ have read this scholarship application, confirm its contents. I further agree the decision of the Kay Monson Scholarship Committee is final. I understand that eligibility for the scholarship requires that the applicant take classes in a South Dakota institute of higher learning. I also understand that, should the applicant not complete the education for the current year, the amount of the scholarship becomes due at once at the current rate of interest.

Parent/Guardian ____________________________________________ Date ______________