

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.

Employer	Type of Work	Length of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____