



## Avera St. Benedict Health Center Scholarship Application Form

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Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Parents or Guardian: \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

ACT Score \_\_\_\_\_ SAT score \_\_\_\_\_ Other \_\_\_\_\_

School Activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors and date received either academic or other types.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your healthcare career choice: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Why have you chosen this college or technical institute? \_\_\_\_\_

\_\_\_\_\_

In which health or science related field or activity have you been involved as an employee or volunteer: \_\_\_\_\_

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Please list below any employment throughout high school.

Employer	Type of Work	Length of time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you plan to work this summer, if so where.

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**Please attach a copy of the following with your application form:**

**\*Grade transcript**

**\*Resume**

**\*A type written letter explaining why you have chosen to enter a health related 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.**

**\*Please have references send their forms directly to the Avera St. Benedict Scholarship Committee. If you give your references a stamped, addressed envelope; they will reach us in a timelier manner.**

**\*Send your application form, grade transcript, resume, letter, and reference forms to:**

**Avera St. Benedict Health Center  
Attn: Scholarship Committee  
c/o Darcey Murtha  
401 West Glynn Drive  
Parkston, S. D. 57366  
Darcey.Murtha@avera.org**

# **Avera St. Benedict Health Center Scholarship**

## **Purpose of Scholarship**

Avera St. Benedict Health Center's Scholarship fund is designed to assist qualified high school seniors who desire to become a:

- Registered Nurse
- Licensed Practical Nurse
- Certified Laboratory Technicians
- Registered Radiology Technologist
- Registered Health Information Technician
- Registered Health Information Administrator
- Physician Assistant or Nurse Practitioner
- Physician
- Physical Therapist or Physical Therapy Assistant
- Or other health related careers

## **Eligibility**

The applicant must have completed a four year high school course or its equivalent and have the desire and aptitude for the particular program they intend to pursue.

## **Terms and Regulations**

Applications for scholarships should be submitted by April 1<sup>st</sup> of the calendar year. The applicant must plan to attend a South Dakota school of higher learning, either college or technical institute. The scholarship will be issued at the beginning of the fall semester of the school year and be paid to the recipient and the intended school of registration.

One legally responsible adult shall be required to sign for each scholarship. Should the applicant not complete the education for that year the amount of the scholarship becomes due at once with a rate of interest current at the time of departure.

Scholarship applications may be obtained online at <https://www.avera.org/about/scholarships/>.