## RICHARD HAGEN-MINERVA HARVEY MEMORIAL SCHOLARSHIP APPLICATION FORM

**Application Deadline:** Application deadline is **April 14, 2023**. Applications and attachments must be hand delivered by 5:00 PM CST or postmarked by the stated deadline.

Mail Application to: South Dakota Department of Education, Office of Finance and Management, ATTN: Mark Gageby, 800 Governors Drive, Pierre, SD 57501.

Questions: Call 605-773-3727 (8 a.m. – 5 p.m. weekdays) or e-mail: Mark.Gageby@state.sd.us. Website: https://doe.sd.gov/scholarships/HagenHarvey.aspx

Eligibility: Students must meet these criteria to be eligible. Please check box.

	school.	te (spring 2023) from an ac	redited South Dakota r	ııgıı
	I am applying within 5 year release from active military dut graduation.) If you are graduati criteria.	ty (if that release is within 5	years of high school	
	I am an enrolled member o	of an American Indian tribe.		
	I will attend a public or nor	n-public accredited universi	ty, college or technical o	colleg
	located in South Dakota.			
1.	Students Name:			
	Last	First	M	
2.	Home address:		<del> </del>	
,	Address  Primary telephone: ()	•	State Zip Code	
	E-mail:		<del></del>	
5.	Date of Birth (MM/DD/YYYY):/	// Male F	emale	
	Parent/Guardian:			
	Name			
	Name Home address:			
7.	Name Home address: Address	City	State Zip Code	
7.	Name Home address:	City	State Zip Code	

10. Have you received a Hagan-Harvey scholarship before?					
Yes (Year:) or No.					
11. Name of Tribe you are currently enrolled in:					
(An official tribal verification is required, please attach)					
12. Have you ever been convicted of a drug offense? (Y/N)					
High School Information:					
13. Are you currently a high school senior? (Y/N)					
Cumulative high school GPA Class Rank (Arrange to have the high school that you are graduating from send an official current high school transcript to the South Dakota Department of Education. Also, include an official record of your ACT score.)					
14. What High school do you currently attend?					
High School Name					
City State Zip Code					
School phone number: ()					
15. Required for high school students only—college admission composite test score(s). Attach photocopies of all score reports.					
ACT SAT Other: Composite Score					
16. What college/postsecondary school will you attend in 2023-2024? (Must be a South Dakota College)  15 a. Name:					
City: State: Zip Code:					
15 b. Undecided. Colleges under consideration are:					
Post-Secondary Information:					
17. If you are currently attending a post-secondary institution, check the number of years of attendance:  First Year Second Year Third Year Fourth Year Richard Hagen-Minerva Harvey Memorial Scholarship Application					

(Arrange to have each institut	(Arrange to have each institution that you attended send an official current college/post-secondary transcript to the South Dakota Department of Education)					
college/post-secondary transc						
19. What degree(s) are you purs	What degree(s) are you pursuing?					
20. What profession or field of e	nployment do you wish to enter with your college degree	?				
21. Anticipated year of college gr	aduation:					
22. List any other postsecondary	institutions you have attended:					
22a. Name:						
City:	State: Years:					
22b. Name:						
City:	State: Years:					
22c. Name:						
City:	State:Years:					
words or less? The committed most notable qualities, your a do and what position do you have the committed when the committed w	e scholarship committee need to know about you in 1,000 members will be especially interested in these points: you titude towards future educational goals, what do you hop nope to have upon completing your studies, examples of you cultural activities are you involved in. Also, explain why you havey Memorial Scholarship.	ur e to our				
•	. The essay is limited to <u>no more than</u> 1,000 words, two preserved. Recommendation: Carefully proof your essay a					

**24. Extracurricular Activities**: On a separate page, list college/postsecondary and high school activities (student government, sports, publications, school-sponsored community, service programs, student-faculty committees, arts, music, etc.). List in descending order of significance.

know that well-done short essays are admired.

**25. Community Service:** On a separate page, list public service and Indigenous cultural community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance.

## 26. The following scholarship materials must be postmarked by April 14, 2023.

- A completed Hagen-Harvey application form
- An official current high school transcript
- An official current college/postsecondary transcript for any college/postsecondary study previously undertaken
- Two letters of recommendation
- Verification of tribal enrollment
- o Personal Essay What does the scholarship committee need to know about you?
- Extracurricular Activities
- Community Service
- ACT, SAT & other test scores (if available)

## 28. Certification Statement:

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge. Incomplete applications will not be considered. (No application will be complete until receipt of all required official transcripts, letters of recommendation and other required documentation are received.)

I authorize officials of my high school or college to verify the information submitted with this application and to release this information to the South Dakota Department of Education. I authorize the South Dakota Department of Education to release information from the application materials to the news media should I be awarded a Hagen-Harvey Scholarship.

If I am awarded a scholarship and participate actively in the program, I further authorize college/postsecondary officials to release my grade reports and cumulative transcript, as well as my current directory information, to the South Dakota Department of Education for purposes of establishing my continuing eligibility to participate in the program and for purposes of research concerning program effectiveness.

Student Signature:	Date:
Parent Signature:	Date:
(Signature of Parent/Guardian is require	ed if applicant is under 18 years of age.)

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## **Submit application to:**

South Dakota Department of Education Office of Finance and Management ATTN: Mark Gageby 800 Governors Drive Pierre, SD 57501