Pioneer Memorial Foundation
2023 Health Care Careers Scholarship Program

> **Purpose Statement:** *The Pioneer Memorial Foundation is dedicated to improving health care in Turner County and the surrounding area by obtaining charitable support for the primary benefit of Pioneer Memorial Hospital & Health Services and the people it serves. The Foundation provides funds for new equipment, renovations, scholarships, and special projects that mean improved healthcare for you and your family. Our mission seeks to enhance the health, healing, and the communities served by Pioneer Memorial.*

The Pioneer Memorial Foundation has developed a scholarship program to assist students who are pursuing or planning to pursue a health care degree at a post-secondary two or four year college, university or vocational-technical program. The scholarships will be offered on a yearly basis for full-time study at any accredited post-secondary institution the student chooses.

The scholarship program is administered by the Pioneer Memorial Foundation of Viborg, SD. The Pioneer Memorial Foundation believes in equal opportunity and will grant scholarships without regard to race, color, creed, religion, gender, disability, national origin or any other category protected by state, local or federal law, regulation or rule.

The Scholarship awards are not renewable, but students may reapply to the program each year so long as they meet the eligibility requirements.

Qualifications
Applicants of the scholarship must meet the following requirements:
- High school senior or high school graduate who plan to enroll or are currently enrolled in a full-time undergraduate course of study to major in a health care field at an accredited two or four year college, university or vocational-technical program;
- Cumulative grade point average of 3.0 or greater, calculated on a 4.0 grading scale;
- Applicant must have graduated from one of the following high schools; Viborg-Hurley High School (Viborg, SD), Centerville High School (Centerville, SD), Parker High School (Parker, SD); and Irene-Wakonda High School (Irene and Wakonda, SD).
- Students can reapply every year they meet the eligible criteria.

Application
Interested individuals must complete the application and mail it along with an official, complete transcript of grades to the Pioneer Memorial Foundation. Those students who are not currently enrolled in an undergraduate program will also need to submit a copy of an acceptance letter from the college, university, or vocational-technical program. At least three (3) references will be required. References are to be mailed by the applicant or individual completing the same. The application and references must be postmarked by **April 3, 2023**.

Applicants are responsible for submitting all necessary information. Evaluation of applications are based on the information supplied and all questions must be answered completely.

Selection
Pioneer Memorial Health Care Careers Scholarship recipient will receive a $1,000.00 scholarship award ($500 in the fall semester and $500 in the spring semester) based upon their academic record, participation in school and community activities, a statement of educational and career goals and any unique personal circumstances.

Selection of recipients is made by the Pioneer Memorial Foundation Scholarship Committee. All decisions are final. Inquiries regarding the scholarship program should be submitted to: Pioneer Memorial Foundation, Attn: Scholarship Committee, 315 Washington, P.O. Box 368, Viborg, SD 57070 .

Pioneer Memorial Foundation
2023 Health Care Careers Scholarship Application
Please type or print all information. If more space is needed, use additional paper and attach it to the application.
Deadline for submission of the application is postmark date of **April 3, 2023**.

Application Information _____

Name _____
           (Last)   (First)   (MI)

Permanent Address _____
                   (Street/PO Box)   (City)   (State)   (Zip)

Telephone _____

Age _____ Date of Birth ____/____/____

Parent/Legal Guardian Information

Name _____
           (Last)   (First)   (MI)

Address _____
          (Street/PO Box)   (City)   (State)   (Zip)

High School Information

High School Name _____

High School Address _____
               (Street/PO Box)   (City)   (State)   (Zip)

Telephone _____Graduation Date _____
                                                           (Month/Year)

Post-Secondary School Information
Name of accredited, undergraduate, post-secondary school you currently attend or plan to attend in the fall of **2023**. (If unknown, please list in order of preference the schools to which you have applied.) Please do not abbreviate school names.

School Name_____

Complete Address _____
               (Street/PO Box)   (City)   (State)   (Zip)

School Name (2nd Preference) _____

Complete Address _____
               (Street/PO Box)   (City)   (State)   (Zip)

Year in post-secondary program next school year: ☐1 ☐2 ☐3 ☐4 ☐5

Major _____Anticipated Graduation Date _____

Academic Scholarships and Grants Awarded
(Use additional pages if necessary) (if does not apply use N/A)

1. Source_____ Amount of $_____
   Date Applied ____/____/____   Date Awarded ____/____/____

2. Source_____ Amount of $_____
   Date Applied ____/____/____   Date Awarded ____/____/____

3. Source_____ Amount of $_____
   Date Applied ____/____/____   Date Awarded ____/____/____

4. Source_____ Amount of $_____
   Date Applied ____/____/____   Date Awarded ____/____/____

5. Source_____ Amount of $_____
   Date Applied ____/____/____   Date Awarded ____/____/____

Educational/Career Goals
Describe your plans in relation to your educational, career and long-term goals.
(No more than 250 words)

Participation in School & Community Activities/Employment
Describe activities you have been involved in during your high school and post-secondary education years.
(No more than 250 words)

Unique Circumstances

Please describe how a unique family or personal experience affected your achievement in high school or post-secondary school. (No more than 250 words)

High School & Post-Secondary Transcript Information Required

Students must include an official transcript of grades for the last completed semester of study from their high school, college or vocational technical school. Applicant is responsible for ensuring the official transcript is submitted and received.

Please indicate below how your official transcript will be submitted to the Pioneer Memorial Foundation.
___ Enclosed is an official transcript from my last completed semester of study.
___ My official transcript will be sent to the Pioneer Memorial Foundation by my school.

Only official transcripts will be accepted. Copies or website print-out of grades will not be accepted as official transcripts.

My cumulative GPA is _____ for the last completed semester. (Based on a 4.0 grading scale.)

This application for a scholarship becomes complete and valid only when you have followed all the instructions below:

_____ Return completed and signed scholarship application.

_____ Return official completed transcript of grades for the last semester completed.
 Note: Some schools will only send transcripts directly to the Pioneer Memorial Foundation.

_____ Those students who are not currently enrolled in an undergraduate program will also need to submit a copy of an acceptance letter from the college, university, or vocational-technical program.

_____ Return of 3 references. (2 – academic/ 1 – personal/nonfamily)

 Application and references must be postmarked by **April 3, 2023**.

Send by postmark deadline of **April 3, 2023** to:
Pioneer Memorial Foundation
Attn: Scholarship Committee
315 Washington, PO Box 368
Viborg, SD 57070

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Any falsification of the required information and any missing information will disqualify me from receiving scholarship funds.

Applicant's Signature _____ Date_____

**2023 Pioneer Memorial Foundation
Scholarship Reference**

Mail To:
Pioneer Memorial Foundation
Attn: Scholarship Committee
315 Washington, PO Box 368
Viborg, SD 57070

**Reference must be submitted Pioneer Memorial Foundation by <u>April 3, 2023</u>. Student's application
will be considered incomplete if reference is not received by the deadline.**

Applicant's name_____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

Opposite each ability and/or trait, check the most appropriate category:

	Excellent	Above Average	Average	Below Average	No Basis for Opinion
Scholastic ability					
Initiative					
Ability to work with people					
Confidence					
Acceptance of criticism					
Self-discipline					
Dependability					
Honesty					
Reaction to stress					
Accountability					
Organizational ability					
Ability to make decisions					
Interest in learning					

Overall Evaluation: (Circle One)   Highly Recommend   Recommend   Recommend with Reservations

Comments:

Signature: _____ Date: _____

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Comments:

Signature: _____ Date: _____