

SANFORD HEALTH

MILITARY AND VETERAN SCHOLARSHIP

PURPOSE

The Sanford Health Military and Veteran Scholarship is awarded to any veteran, Guard/Reserve, or active duty military service member who has demonstrated leadership and commitment in his/her community.

Award recipients must have demonstrated exceptional character and leadership in furthering their own progress and in enriching the lives of others, especially in service, academics, and community involvement.

ELIGIBILITY

- Veteran, Guard/Reserve, and active duty military service members.
- Veterans with pre- and/or post- 9/11 service from all branches of the US Military. Including the National Guard and Reserve.
- Military veterans pursuing a degree as a full-time* student:
 - Enrolled in a degree seeking higher education institution
 - Graduate or professional degree
 - At public or private, US-based accredited institution of higher education
 - Must have at least one full year of schooling remaining.

**Full-time as determined by your institution and program of study.*

SELECTION PROCESS

- The selection committee is designated by the Sanford Health Military and Veteran Scholarship Director.
- Applications will be reviewed and scholarship recipients will be selected in accordance with the written criteria established.
- All qualified applicants will be considered.
- All application criteria, questions and appropriate paperwork must be completed to be considered. Specific examples of activities and achievements are especially helpful to the selection committee.
- Finalists will be notified in October 2019 via e-mail and letter. We ask that you do not contact officials asking if you were chosen as a finalist.

AMOUNT

- Each scholarship awarded will be \$5000 to be paid in four equal installments directly to the recipient.

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DISTRIBUTION

- Scholarships will be awarded in four equal payments in January, April, July and October following being awarded the scholarship. Students must send in an official letter from their school of choice stating the student is in good standing. Students must continue to attend classes and maintain no lower than a 3.0 grade-point average (or equivalent).

RENEWAL PROCESS

- This scholarship is not renewable. Veteran, Guard/Reserve, and active duty military service members must reapply on a yearly basis.

APPLICATION REQUIREMENTS

- Applicants will be required to submit the following:
 - Resume
 - DD-214 or Statement of Service from current Command (Must serve honorably)
 - Essay to demonstrate service, scholarship, humble leadership, and/or impact.
 - Financial Worksheet
 - Character recommendation from a third party
 - 250 word bio

SELECTION BASIS

- **Service**
 - Dedication to service beyond self in and out of uniform.
- **Scholarship**
 - Actively pursuing education listening and learning by doing.
- **Humble Leadership**
 - Bringing people together to achieve uncommon results.
- **Impact**
 - Advancing an idea or cause to make the world a better place.

DEADLINE FOR APPLICATION

The deadline for submitting all required paperwork and documentation is August 31st, 2019. Applications will not be considered if documentation or paperwork is missing.

**Due to the fact that the scholarship is being sent directly to the applicant, applicable taxes will be taken out and the recipient will need to fill out a W-9 form before receiving their first check. If you are a Sanford employee, the money will be directly deposited into your account and the taxes will be deducted.*

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SCHOLARSHIP APPLICATION

Sanford Health is an equal opportunity employer/educational institution and will not discriminate against applicants because of race, religion, color, national origin, age, sex or disability.

REQUIRED INFORMATION

(Applications will not be considered until all information has been received):

- Resume
- DD-214 or Statement of Service from current Command (Must serve honorably)
- Essay to demonstrate service, scholarship, humble leadership, and/or impact.
- Financial worksheet
- Character recommendation from a third party
- 250 word bio

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Degree Pursuing: _____ Anticipated Graduation Date: _____

Current Year in School: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Number of Dependent Children and Ages: _____

Past Education (high school, college or vocational school; list most recent first):

Name of School	City/State	Date Attended	Degree
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you currently employed at Sanford Health? _____ Department: _____

Date of Hire: _____

Status: Part-time Full-time Hours Per Pay Period: _____

(NOTE: UNSCHEDULED PART TIME EMPLOYEES ARE NOT ELIGIBLE, UNLESS ENROLLED IN A SANFORD HEALTH EDUCATIONAL PROGRAM)

Recent Past Employment:

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FINANCIAL INFORMATION

Estimate of Annual Educational Expenses

Tuition and Fees \$ _____
Books and Supplies \$ _____
Room and Board \$ _____
Personal Expenses \$ _____
Other Expenses (list) \$ _____
\$ _____

Sources of Annual Support

Personal Savings \$ _____
Personal Employment \$ _____
Family Sources \$ _____
Financial Aid \$ _____
Scholarships \$ _____

Educational assistance received in past five (5) years (list):

SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge. If selected for this award, Sanford Health is authorized to publish my name and photograph on its website, publications, and advertisements.

Applicant's signature _____ Date _____

ADDITIONAL REQUIREMENTS:

Applicants must obtain degree within three (4) years from date of initial scholarship award.

The scholarship committee shall utilize the following criteria in the evaluation process:
academic standing, goals, initiative, financial need and overall rate of success.

I release any educational records or information necessary to meet the needs of the scholarship committee. I also declare that the statements in the application are true, and falsification will be the basis for immediate denial of the award.

Student's signature _____ Date _____

ALL INFORMATION MUST BE RECEIVED IN ACADEMIC AFFAIRS BY AUGUST 31, 2019.

Return to:

Sanford Health: LEAD
Attn: Laura Woitte-Currier
1305 W. 18th Street, Route # 5203
PO Box 5039
Sioux Falls, SD 57117-5039

ALL INFORMATION IS HELD IN STRICT CONFIDENCE



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SCHOLARSHIP REFERENCE

Please mail directly to:

Sanford Health: Academic Affairs
 Attn: Laura Woitte-Currier
 1305 W. 18th Street, Route # 5203
 PO Box 5039
 Sioux Falls, SD 57117-5039

Reference must be received in Academic Affairs by August 31, 2019. The student's application will be considered incomplete if reference is not received by the deadline. When finished, place form in a sealed envelope and sign your name across the seal.

Applicant's name _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

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

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