



**110 4th Street SE, Suite B-8
Huron, South Dakota 57350
(605) 353-6315
www.hrmcfoundation.org**

**2010
Scholarship Application**



Scholarship Application

Instructions for completing this application:

1. Complete all parts of the application and **attach a copy of your unofficial transcript** (college or certification program). Retain a copy of the application for your records.
2. **Submit this application form and a copy of your unofficial transcript by 5:00pm, April 2, 2010** to the following address. Postal applications must be postmarked by this date while facsimile and email copies must be date stamped sent by this date:
Mail: HRMC Foundation
110 4th St. SE, B-8
Huron, South Dakota 57350
Fax: 1-605-353-7391 Email: rtimm@huronregional.org
3. Late/incomplete applications will not be considered unless there are no other eligible applicants.
4. **If completing your application online, please mail or fax a copy of your unofficial transcript to the above address or number.**

Eligibility Rules and Disclaimers:

1. A total of \$3,000 in scholarship funds may be available.
2. The scholarship committee reserves the right to provide one or more scholarships, in varying amounts, to qualified applicants.
3. If there are no qualified applicants, the scholarship committee will forego providing scholarships until the following year.
4. An applicant must be enrolled in good standing ("C" average or better) at an accredited college or certification program.
5. An applicant must have completed at least 1 year of college level coursework in a health-related degree or certification program.
6. Preference will be given to applicants who indicate financial need, and following graduation, that they will seek to be employed or continue their employment in the Huron, South Dakota area.
7. Failure to acknowledge acceptance of the award will result in award forfeiture.
8. Scholarship funds will be divided between the fall and spring semesters. Award recipients must provide proof of continued enrollment prior to the spring semester in order to receive the final ½ scholarship payment. The final payment will be forfeited if the recipient fails to provide proof of continued enrollment in a health-related degree or certification program or has disenrolled.
9. If a recipient graduates in December, he/she will receive all of the scholarship funds.
10. Falsification of information or violation of rules will result in withdrawal of all remaining scholarship funds.

Questions may be directed to:

Rob Timm, CFRE

Executive Director

HRMC Foundation

1-605-353-6315 or 1-800-529-0115



Application

Student's Name:

First, Middle, Last Name

College ID # (if applicable):

Local Address:

Street/City/State/Zip Code

Local Telephone #:

Email Address:

Primary Address:

(Primary residence) Street/City/State/Zip Code

High School Attended:

Year Graduated:

College credits completed at the end of the Spring 2010 semester (anticipated):

Year in school or hours remaining in program (Fall 2010):

Cumulative GPA (High School):

Cumulative GPA (College/Post-Secondary):

Expected College or Program Graduation Date:

College Degree or other Program Enrolled (include location – if enrollment is in a non-degree program, please provide additional information concerning type of program, etc.):

Use additional pages if needed and attach to this form:

- 1. List College/High School honors (e.g. awards/honors, honorary societies, scholarships, etc. including year(s) received).**

- 2. List all College/High School activities in which you participate (activity, year(s), office held, level of involvement).**

3. List your current and past work experience (employer, dates, and responsibilities).

4. List community, civic, volunteer or other types of off-campus activities. Be sure to include religious activities.

5. What are your future professional goals?

6. Additional information:

7. **Financial Statement:**

Support from family:	_____%
Self Support:	_____%
Support from grants:	_____%
Support from college loans:	_____%
Support from other scholarships:	_____%
Other:	_____%

Please explain:

Total: 100%

8. **Other Financial Information:**

- Did you receive a Federal Pell Grant this year or last year? _____
 - If yes, how much was awarded? \$_____
- Did you receive a Federal Subsidized Student Loan this year or last? _____
 - If yes, how much was received? \$_____
- Do you have any special circumstances that impact your financial need? _____
 - If yes, please explain:

By signing, I:

- *Authorize the HRMC Foundation to contact my educational institution for additional information and to determine my enrollment status.*
- *Authorize the use of my name and image for use in advertising and press releases announcing my award.*
- *Agree to use the scholarship funds for the purpose of obtaining my degree or certification.*

I attest, to the best of my knowledge, this application to be accurate and truthful.

Signature

Date