

# WESKOTA FOUNDATION SCHOLARSHIP APPLICATION

**Please print or type all information**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Parents Name \_\_\_\_\_

Occupation(s) \_\_\_\_\_

What health care career do you plan to pursue? \_\_\_\_\_

\_\_\_\_\_

What College, University or Vocational School do you plan to attend?

Name \_\_\_\_\_

City, State \_\_\_\_\_

Are you currently enrolled or have been accepted for enrollment? Yes No

What is your current grade point average? \_\_\_\_\_

## **Please submit:**

- One letter of reference from one of your teachers.
- Current high school transcript.
- Honors, Awards, and extracurricular activities (including community service and volunteer services)
- On a separate piece of paper, briefly describe why you have chosen the health care field you plan to pursue.
- Drop off at Avera Weskota Memorial hospital business office or mail to:  
Weskota Foundation, 604 1<sup>st</sup> St NE, Wessington Springs, SD 57382

**Application is due by March 15, 2024.**