Reuben & Edna Butz Scholarship Application

The purpose of this application is to provide the scholarship selection committee (through the Weskota Foundation) with information to be considered in awarding scholarships to one or more persons from Jerauld County pursuing courses of study in the health care professions.

Primary consideration for scholarship awards will be based upon:

- ***Scholastic records**
- ***Financial need**
- ***Related occupational experience**
- ***Goals upon completion of post-high school degree**

Name_____

Address_____

_____**Social Security Number** _____**Phone**_____

Name of Parents_____

Occupation(s)_____

What health care career do you plan (or are studying) to pursue?_____

What College, University or Vocational School do you plan to attend OR are currently attending? (Name of college, city and state): _____

(High School Senior applicant) Have you been accepted for enrollment? _____

***Honors, Awards and Extra Curricular Activities –<u>attach separate sheet</u>**

<u>*Please attach a transcript of high school OR college grades</u>

<u>Financial Need:</u>

Savings _____ **Projected Earnings**_____

Scholarships_____ **Parental Support**_____

Grant Awards _____ **Other** _____

Is there any employment to date in Health Care? _____

_____

***Attach a brief statement regarding your plans upon completion of your post-high/college degree. Is there any possibility of returning to the Wessington Springs area?**

<u>APPLICATION IS DUE BY MARCH 20, 2026</u>

Return application to Avera Weskota Memorial Hospital business office or mail to:

Weskota Foundation, 604 1st St NE, Wessington Springs, SD 57382