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 1st St NE, Wessington Springs, SD 57382

Application is due by March 20, 2026.