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.
- Military veterans pursuing a degree as a full-time* student:
  - Undergraduate Bachelor’s degree
  - Graduate or professional degree
  - At public or private, US-based accredited institution of higher education

*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 2018 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.
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 (Minimum of 3 pages)
  - Financial worksheet
  - Character recommendation from a third party
  - 250 word biography

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 31, 2018. 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 an I-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.*
SANFORD HEALTH
MILITARY AND VETERAN SCHOLARSHIP

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 (Minimum of 3 pages)
• Financial worksheet
• Character recommendation from a third party
• 250 word biography

Name: _______________________________________________________________________________________________________
Department: ___________________________________________ Job Title: _____________________________________________
Address: ___________________________________________ City: ___________________ State: _______ Zip: _____________
Phone: _____________________________________________
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: _______________________
Recent Past Employment:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
FINANCIAL INFORMATION

Estimate of Annual Educational Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimate</th>
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<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$ _______</td>
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<tr>
<td>Books and Supplies</td>
<td>$ _______</td>
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<tr>
<td>Room and Board</td>
<td>$ _______</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$ _______</td>
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<tr>
<td>Other Expenses [list]</td>
<td>$ _______</td>
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</tbody>
</table>

Sources of Annual Support

<table>
<thead>
<tr>
<th>Source</th>
<th>Estimate</th>
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<tbody>
<tr>
<td>Personal Savings</td>
<td>$ _______</td>
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<tr>
<td>Personal Employment</td>
<td>$ _______</td>
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<tr>
<td>Family Sources</td>
<td>$ _______</td>
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<tr>
<td>Financial Aid</td>
<td>$ _______</td>
</tr>
<tr>
<td>Scholarships</td>
<td>$ _______</td>
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</tbody>
</table>

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 (3) 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.

Applicant’s signature ________________________________________ Date ______________

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

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

*ALL INFORMATION IS HELD IN STRICT CONFIDENCE*
SCHOLARSHIP REFERENCE

Please mail directly to:
Sanford Health: Academic Affairs
Attn: Laura Woitte-Currier
1305 W. 18th Street, Route # 5203
P.O. Box 5039
Sioux Falls, SD 57117-5039

Reference must be received in Academic Affairs by August 31, 2018. 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.

Reviewer Name  

Applicant Name  

How long have you known this applicant?  

In what capacity have you known this applicant?

- Instructor (current or past)
- Supervisor (current or past)
- Co-worker (current or past)
- Mentor (coach, church leader, etc.)
- Community leader
- Other  

<table>
<thead>
<tr>
<th>Ability</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>No Basis for Opinion</th>
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</thead>
<tbody>
<tr>
<td>Initiative</td>
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<td>Ability to work with people</td>
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<td>Confidence</td>
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<td>Acceptance of criticism</td>
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<td>Self-discipline</td>
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<td>Dependability</td>
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<td>Honesty</td>
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<td>Reaction to stress</td>
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<td>Efficiency</td>
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<td>Accountability</td>
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<td>Organizational ability</td>
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<td>Ability to make decisions</td>
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