# IS 4:30P.M. SEPTEMBER 30TH, 2026

## *SELECTION GUIDELINES FOR THE IRENE GRONEAU MEMORIAL HEALTH CAREER SCHOLARSHIP*

1. **The candidate must present a new or updated acceptance letter from an accredited institution of higher learning. Must be enrolled in a two-year, four-year, graduate or doctorate level degree program in a health -related field. The acceptance letter must state the acceptance in a specified health field.**

2. **Scholarships shall be awarded exclusively to enrolled members of the Sisseton-Wahpeton Oyate.**

3. **The student shall be responsible for carrying a minimum of twelve (12) credits for quarter and or semester.**

4. **Parent's income will not be considered for this scholarship. Multiple Irene Groneau Scholarships will be awarded.**

5. **The deadline for receipt of application is set for September 30, 2026 by 4:30p.m. All questions on the application must be filled out and attachments must be submitted with the application or the application will be considered incomplete.**

6. **Scholarships will be reviewed by the Human Services Board members at the 1st meeting set for October 13, 2026. The applicants will be notified of the award as soon as possible after action is taken. Notice will be sent by mail.**

7. **Method of payment shall be one payment for the entire year during fall quarter and or semester.**

8. **If you shall leave school you will be placed on probation upon the next school year.**

9. **For further information please contact your District representative. Applications are available with the SWO Education at 605-698-8211 and District HSB Representatives Big Coulee Vacant, Buffalo Lake Lisa Red Wing @ 605-237-3521, Enemy Swim Marlys Bluedog @605-419-2362, Heipa Marsha Renville @ 605-881-3855, Lake Traverse Jamie German @ 605-268-1700, Long Hollow Brandon Deutsch 605-268-1451, Old Agency MayVonne Crawford @ 312-485-06917. Please mail your application to the SWO Human Services Board P.O. Box 509 Agency Village, South Dakota 57262.**

**Revised September 9, 2025**

# Irene Groneau Memorial Health Career Scholarship Application

1. Name of Applicant: _____ Telephone #: _____

2. Permanent Mailing Address:_____

3. Attach a Copy of Tribal Enrollment Number. District Enrolled: _____

4. Email Address: _____

5. Applicant's Academic Status for Upcoming 2026/2027 Academic School Year

   Doctorate_____ Masters_____ Senior _____ Junior _____ Sophomore _____ Freshmen_____

6. Degree You Are Pursuing: _____

7. Describe Your Career Goal/s in your Health Field: (You must attach your answer on a separate sheet of paper.)

8. Name and Address of Accredited School of Higher Education where Applicant is Accepted: _____

9. Attach to this Application the Acceptance at an Accredited Institution of Higher Learning: (i.e. Letter of Acceptance)

10. Official Copy of Grades From Previous School Year for a Returning Student must be submitted.

11. Upon Graduation What Are Your Future Plans? (Please attach your answer on a separate sheet of paper)

12. Why Have You Chosen a Health Career? (Please attach your answer on a separate sheet of paper.)

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Applicant's Signature: _____ Date: _____

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**Please return/mail application to the Human Services Board Sisseton-Wahpeton Oyate P.O. Box 509 Agency Village, S.D. 57262. No emails please. Paper copy of application only with all attachments are needed.**

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## DEADLINE FOR SUBMITTING APPLICATION