

Irene Gronau Memorial Health Career Scholarship Application

1. Name of Applicant: _____ Telephone #: _____
2. Permanent Mailing Address: _____
3. Attach a copy of Tribal Enrollment: _____ District Enrolled: _____
4. Email Address: _____
5. Applicant's Academic Status for the Upcoming 2020/2021 Academic Year:
 Doctorate Master Senior Junior Sophomore Freshmen
6. Degree Pursued (*Specify*): _____
7. Career Goal: (*You may 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. Upon graduation what are your future plans? (*Please attach your answer on a separate sheet of paper*)
11. Why have you chosen a health career? (*Please attach your answer on a separate sheet of paper*)

Applicant's Signature: _____ Date: _____

Please return application to the Human Services Board Secretary/Lisa Red Wing
Sisseton-Wahpeton Oyate, Box 509, Agency Village, South Dakota 57262

**DEADLINE FOR RECEIPT OF APPLICATION
HAS BEEN EXTENDED TO AUGUST 31ST**

***SELECTION GUIDELINES FOR THE
IRENE GRONAU 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 into 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.
4. Parent's income shall not be considered for this scholarship.
5. The deadline for receipt of applications has been extended to **Monday August 31st** by mail.
6. Scholarships will be reviewed the second Tuesday in September. 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 school year during fall semester.
8. For further information, please contact the Human Services Board Secretary at 605-237-3521. Applications are available with the HSB Secretary or SWO Higher Education at 605-698-8211. Please mail your application to the SWO Human Services Board C/O HSB Secretary Lisa Red Wing P.O. Box 509, Agency Village, South Dakota 57262.

Revised July 14, 2020

