



## Winner Regional Health & Wellness Foundation

### Scholarship Application - 2024

**Who may apply:** Any high school senior in Winner Regional Healthcare Center's service area (Tripp, Todd, Gregory, or Mellette Counties) planning to pursue higher education in a medical or healthcare field. Up to two (2) two-thousand and five hundred (\$2,500.00) scholarships may be awarded.

**All contents of the application MUST be typed!**

**Please read the instructions of the application carefully and follow them as provided.**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Street* *City* *Zip*

**Phone #:** \_\_\_\_\_  
*Home #* *Cell #*

**High School Name:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_ **Cumulative GPA:** \_\_\_\_\_

**Technical School, College or University Planning on Attending:** \_\_\_\_\_

**Healthcare Field Planning to Enter:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Required Attachments:**

- Essay: Attach a typed essay (no more than three pages double spaced) detailing the following information:
  - a) Plans for future study and why you are pursuing your chosen healthcare field.
  - b) Involvement in healthcare related activity(s), volunteer and/or paid.
- On a separate sheet, please include a list of school, church, and/or civic activities you belong to.
- Enclose three letters of reference (one from a school personnel, one from a community member, and one from an employer or a coach from an extra-curricular activity).
- Attach an official high school transcript.
- All attachments must be typed and one-sided.

**Applicant Requirements:** *(If awarded a scholarship, the following conditions shall be met).*

- Must maintain a C average on a 4.0 GPA scale.
- Must provide the following documents by January 30, 2025 for the scholarship to be paid:
  - A letter from a professor stating the applicant is enrolled in the respective discipline.
  - A letter from the applicant's advisor stating the applicant has maintained a C or above GPA.
  - A statement of the applicant's current balance from the technical school, college or university Finance Office.
  - Up to one-page summary (double spaced) of how the scholarship positively impacted you to pursue your degree.
- The above content shall be sent to Michael DiGrazia at [michael.digrazia@winnerregional.org](mailto:michael.digrazia@winnerregional.org)

**Other Details:**

- Your signature authorizes us to use your name, photo, and relative material in advertising and press releases.
- Dependents of Winner Regional Healthcare Center employees, Governing Board members, and Foundation Board members are eligible for the Winner Regional Health and Wellness Foundation scholarship program.
- The scholarship shall be paid directly to the College or University the applicant is enrolled in.
- The scholarship shall be applied solely to the applicant's tuition.
- The scholarship shall be paid during the second semester during the month of February, after all above content has been submitted.

**Applications must be postmarked by April 26, 2024 and sent to:**

Winner Regional Health and Wellness Foundation  
Attention: Michael DiGrazia, President  
745 E 8<sup>th</sup> St.  
Winner, SD 57580

*Thank you for your application and we wish you the very best in your post-secondary educational goals.*

**Applications will be reviewed and decided on by the Scholarship Committee.**