SDCF $1000 SCHOLARSHIP APPLICATION

Please print out and mail to: **Georgia Adolph, 48142 224th Street, Flandreau, SD 57028**
Deadline: **February 10th.**

Name of Applicant _____ _____ _____
Last First Middle

Home Address _____ _____ _____ _____
Street City State Zip

Telephone _____ Birth Date _____

Email Address _____

Parents' Names _____

Parents' Occupation _____

Number of Children in Family_____ Number of brothers/sisters attending college_____

Date of graduation from high school _____

Colleges or universities to which you have applied

_____

_____

Colleges or universities to which you have been accepted

_____

_____

Indicate the activities in which you participated. Star (*) those in which you held offices.
Use back of paper if needed

9th Grade	10th Grade	11th Grade	12th Grade

Other financial aide you have received, and the amount

_____

_____

_____

Special Instructions:
1. Each applicant must check and make sure all recommendations are in before **February 10th**.
THIS IS YOUR RESPONSIBILITY!

2. A copy of your high school transcript must accompany this application

3. Request two faculty members to write letters of recommendation for you, with instructions to mail them to : **Georgia Adolph, 48142 224th Street, Flandreau, SD 57028**

4. Mail this application to: **Georgia Adolph, 48142 224th Street, Flandreau, SD 57028**