## DAVE PROHL \$1,000 MEMORIAL SCHOLARSHIP Sponsored by SDHSCA

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	n				
Number of Children	in Family	Number of brother	Number of brothers/sisters attending college		
Date of graduation t	from high school				
Colleges or university	ities to which you have a	applied			
Colleges or university	ities to which you have b	peen accepted			
		ated. Star (*) those in whi	ich you held offices.		
Use back of paper i		1	1		
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