## COACHES AGAINST CANCER SDHSCA 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 I	Family	Number of brot	thers/sisters attending colleg	je
Date of graduation from	n high school			
Colleges, universities o	r schools of higher	education to which you	have applied or are attendir	ng
•	-	education to which you	have been accepted been challenging for your fa	amily
Please provide addition	nal information that	may help enhance your	application such as:	
summary of your high s	school background	including co-curricular a	activities and awards that you	ı have received.
List your future goals:				
Other financial aid you	have received, and	d 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 or college transcript must accompany this application
- 3. Request two letters of recommendation (one from a faculty member and one valid non-school reference), 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