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|  | **Winner Regional Health & Wellness Foundation*****Scholarship Application - 2025*** |

**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.**

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| **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:
1. Plans for future study and why you are pursuing your chosen healthcare field.
2. 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

**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 28, 2025 and sent to:**

Winner Regional Health and Wellness Foundation

Attention: Michael DiGrazia, President

745 E 8th 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.**

*Revised: 02-23-2024*