

# Ray Monson Scholarship Application Form

1. \_\_\_\_\_  
Last Name First M.I.

2. \_\_\_\_\_  
Address City State Zip

3. \_\_\_\_\_  
Social Security Number Date of Birth Phone

4. \_\_\_\_\_ Female \_\_\_\_\_ Male

5. Parents or Guardian: \_\_\_\_\_

6. High School \_\_\_\_\_

7. Graduation Date \_\_\_\_\_ ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

8. School and Community Activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What honors, academic or otherwise, have you received and when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Name and address of South Dakota College or Technical school you plan to attend.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted? \_\_\_\_\_

11. Why have you chosen this college or school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. In which health or science-related field or activity have you been involved as an employee or volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What types of employment did you have throughout high school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List below any employment throughout high school.

Employer	Type of Work	Length of Employment

Do you plan to work this summer, if so where? \_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of the following with your application form:

- \*Grade transcript
- \*Application form
- \*Resume
- \*A typewritten letter explaining why you have chosen to enter a health career field. Include reasons for applying for this scholarship.
- \*Two reference forms. One completed by a science or math instructor. One completed by an employer, teacher, etc. Please use form attached to this application.

**\*Deadline is April 1<sup>st</sup>; send your application form, grade transcript, resume, and reference forms to:**

**Kay Monson Scholarship Committee  
Avera St. Benedict Health Center  
c/o Darcey Murtha Scholarship Coordinator  
401 West Glynn Drive  
Parkston, S. D. 57366**

## Kay Monson Scholarship Student Statement

I fully understand that the scholarship award for which I am applying will be given by the Kay Monson Scholarship Committee. Scholarship recipients are chosen by the Kay Monson Scholarship Committee through the Avera St. Benedict Health Center Foundation.

The scholarship will be used to defray part of my educational expenses at the South Dakota school of my choice and will be paid directly to the school.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent or Guardian Statement

I, guardian or parent of \_\_\_\_\_ have read this scholarship application, confirm its contents. I further agree the decision of the Kay Monson Scholarship Committee is final. I understand that eligibility for the scholarship requires that the applicant take classes in a South Dakota institute of higher learning. I also understand that, should the applicant not complete the education for the current year, the amount of the scholarship becomes due at once at the current rate of interest.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Decision Making Ability**

5. Makes decisions quickly but intelligently, able to weigh pros and cons and make the right decision.
  - 4.
  3. Usually makes the best decision after some thought, sometimes uncertain
  - 2.
  1. Argumentative with supervisor, prefers to do things his/her own way
- NA Unable to evaluate

**Cooperation**

5. Enthusiastically helps others, does task uncomplainingly
  - 4.
  3. Does what is assigned but seldom shows interest beyond that task
  - 2.
  1. Argumentative with supervisor, prefers to do things his/her own way
- NA Unable to evaluate

**Quality of Performance**

5. Requires minimum supervision, almost always accurate
  - 4.
  3. Performance is reviewed with minor corrections for improvement
  - 2.
  1. Careless, makes frequent errors, needs direct supervision
- NA Unable to evaluate

**Personal Appearance**

5. Careful about personal appearance; good taste in dress
  - 4.
  3. Generally neat and clean, somewhat more casual than would prefer
  - 2.
  1. Sloppy looks totally out of place for the expected role
- NA Unable to evaluate

**Stability**

5. Tactful, even-tempered, acts responsibly and tolerates pressure well
  - 4.
  3. Sometimes irritated and confused, usually remains calm
  - 2.
  1. Goes "to pieces" under pressure, loses temper easily, becomes a complainer
- NA Unable to evaluate

**Dependability**

- 5. Always punctual
- 4.
- 3. Usually punctual
- 2.
- 1. Frequently tardy
- NA Unable to evaluate

**Professional Curiosity**

- 5. Asks questions, reads about work-related issues, eager to learn and grow in job
- 4.
- 3. Somewhat eager to learn and grow in job
- 2.
- 1. Lacks motivation toward work
- NA Unable to evaluate

**Impression**

What is your personal impression towards having this applicant in a responsible position under your direction?

- Definitely would want her/him
- Would want her/ him
- Would be satisfied to have her/him
- Definitely would not want her/him
- Unable to evaluate

**Narrative**

Describe everything that you feel the Avera St. Benedict Scholarship Committee should know about the character, ability or background of this applicant, if not already addressed, or specific reasons why you have judged her/him as you have. (Include extra pages if you wish).

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**Summary**

Please indicate your overall evaluation of the applicant.

Superior       Excellent       Good       Fair       Poor

**Evaluator Use Only**

Please indicate which statement is your preference regarding the release of this information to the applicant.

Applicant may see this reference information

Applicant may not see this reference information

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Please return to: Avera St. Benedict Health Center  
Kay Monson Scholarship Committee  
c/o Darcey Murtha  
401 West Glynn Drive  
Parkston, SD 57366