

# Avera St. Benedict Health Center Scholarship Application Form

Last Name		First		M.I.	
Address		City	State	Zip	
Soc. Sec.	#	Date of Birth	Phone	;	
Male	Female	Parents or Guardian	:		
High School			Grac	luation Date	
ACT Score		SAT score	Other		
School A	Activities:				
Commu	nity Activities	:			
Honors	and date recei	ved either academic or o	ther types.		
		re career choice:			?
Name ar	nd address of S	South Dakota College or	Technical school	you plan to attend	
Have yo	u been accept	ed?			
Why hav	ve you chosen	this college or technical	l institute?		
	n health or scie	ence related field or acti	vity have you been	involved as an	
Please li	st below any e	employment throughout	high school.		

Employer	Type of Work	Length of time
Do you plan to work thi	s summer, if so where.	

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

- \*Grade transcript
- \*Resume
- \*A typewritten letter explaining why you have chosen to enter a health related 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 the reference form at the end of this application.
- \*Please have references send their forms directly to the Avera St. Benedict Scholarship Committee. If you give your references a stamped, addressed envelope; they will reach us in a timelier manner.
- \*Send your application form, grade transcript, resume, letter, and reference forms to:

Avera St. Benedict Health Center Attn: Scholarship Committee c/o Darcey Murtha 401 West Glynn Drive Parkston, S. D. 57366 Darcey.Murtha@avera.org

Avera St. Benedict Health Center Scholarship

### Purpose of Scholarship

Avera St. Benedict Health Center's Scholarship fund is designed to assist qualified high school seniors who desire to become a:

- -Registered Nurse
- -Licensed Practical Nurse
- -Certified Laboratory Technicians
- -Registered Radiology Technologist
- -Registered Health Information Technician
- Registered Health Information Administrator
- -Physician Assistant or Nurse Practitioner
- -Physician
- -Physical Therapist or Physical Therapy Assistant
- -Or other health related careers

### **Eligibility**

The applicant must have completed a four year high school course or its equivalent and have the desire and aptitude for the particular program they intend to pursue.

## **Terms and Regulations**

Applications for scholarships should be submitted by April 1<sup>st</sup> of the calendar year. The applicant must plan to attend a South Dakota school of higher learning, either college or technical institute. The scholarship will be issued at the beginning of the fall semester of the school year and be paid to the recipient and the intended school of registration.

One legally responsible adult shall be required to sign for each scholarship. Should the applicant not complete the education for that year the amount of the scholarship becomes due at once with a rate of interest current at the time of departure.

Scholarship applications may be obtained online at https://www.avera.org/about/scholarships/.



# Avera St. Benedict Scholarship Reference Form Avera St. Benedict Foundation

Name o	f Applicant:First	M.I.		Last
	ividual who is completing this refe		nermission to re	
	ation about me regarding my suitab			
Date: _	Applicant's S	Signature:		
I. Eval A. ]	uator's Relationship In what capacity have you know the ap			
В. Н	How long have you known the applican			
C. I	How well do you know the applicant?	□very well	☐ fairly well	□slightly
II. App	licant Ranking (circle the approp	riate rating)		
5. 4. 3. 2. 1.	. Hesitant and sometimes uncomforta		cate	
	nality Bubbly, outgoing, pleasant, inspirin	g to others		
	Polite, sometimes avoids interactions	s, average perso	nality	
1.	Moody, changes attitude rapidly, dis A Unable to evaluate	courteous		
Initia 5.	. Demonstrates enthusiasm and seeks	difficult tasks		
3.	1	ier tasks		
1. N	Does just enough to get by, seldom to A Unable to evaluate	finishes task beg	gun	
5.	ion Making Ability  Makes decisions quickly but intellique right decision.	gently, able to v	veigh pros and co	ons and make tl
4. 3. 2.	•	some thought,	sometimes unce	rtain
1.	Argumentative with supervisor, pref	ers to do things	his/her own way	7

NA Unable to evaluate

- 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 responsible 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

NA Unable to eval

#### **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)
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 in formation □  Applicant may not see this reference information □
SignatureDate
Address
Occupation
Please return to: Avera St. Benedict Health Center Avera St. Benedict Scholarship Committee c/o Darcey Murtha 401 West Glynn Drive Parkston, SD 57366