

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC  
2024/25 SCHOOL YEAR**

**GUIDELINES**

1. The recipient must be a **South Dakota Resident**, graduating from an **Aberdeen, South Dakota High School**.
2. This is a **One-Year scholarship**.
3. If a student **does not attend** post-secondary schools for **ANY REASON**, they will **forfeit** the remainder of the scholarship.
4. The recipient must be **planning to enroll in a full-time course of undergraduate study** at the institution selecting the scholarship recipients. Applicant must be accepted for admission to the specified school at which he or she is applying for the scholarship. Applicant must be a “full time student” or minimum of 12 credit hours to retain the scholarship.
5. The recipient must have a **cumulative grade point average of 3.0 or higher on a 4.0 scale**.
6. The quality and appearance of the application will be taken into consideration.
7. Applicants must show financial need and must apply for Federal Student Aid.
8. All students must complete the entire application and provide a complete official transcript and three current letters of recommendation.
9. **All documents must be received by March 15<sup>th</sup> or the application will not be considered.** It is the student’s responsibility to ensure the entire application, including transcripts and recommendation letters, is received. There will be **NO EXCEPTIONS**.
10. Please return the **ORIGINAL** application and supporting documents as follows:  
  
The Hatterscheidt Foundation, Inc.  
c/o Dacotah Bank Trust Department  
Attn: Cassie Backman  
PO Box 1210  
Aberdeen, SD 57402-1210
11. Recipients must submit a Thank You to the Board by July 1<sup>st</sup> or will lose their scholarship.

**Scholarship recipients will be notified by letter on or before June 15, 2024. Checks will be distributed to the school of the scholarship recipients by the beginning of the fall 2024 term provided all scholarship requirements are met.**

*No candidate shall be denied being a recipient of a scholarship on the basis of race, creed, sex, religion, national origin, or any other basis, which is prohibited by Section 501(C) (3) of the Internal Revenue Code.*

If you have any questions regarding this application, please contact Cassie Backman at (605) 229-7119 or [Cassie.Backman@dacotahbank.com](mailto:Cassie.Backman@dacotahbank.com).

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THE HATTERSCHEIDT FOUNDATION, INC.  
2024/25 SCHOOL YEAR

**ALL FIELDS AND SIGNATURES MUST BE COMPLETED TO BE ELIGIBLE.**

**If you are awarded a scholarship, you will be notified by Dacotah Bank via US Mail. For recipients of the award, a thank you note will be REQUIRED to be received by the Board no later than July 1.**

1. Name in full \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
2. Complete **Permanent Mailing** address (Street or Box) \_\_\_\_\_  
(City, State, Zip Code) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Personal Email Address (not high school) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ U.S. Citizen \_\_Yes\_\_ No (if No – **STOP**, You MUST be a US Citizen to apply)  
South Dakota resident \_\_Yes\_\_ No (if No – **STOP**, You MUST be a SD resident to apply)
4. Identification of Parent/Guardian (please complete both a & b or provide a reason for only completing one):
  - a. Name \_\_\_\_\_  
Present address or date of death \_\_\_\_\_  
Occupation \_\_\_\_\_
  - b. Name \_\_\_\_\_  
Present address or date of death \_\_\_\_\_  
Occupation \_\_\_\_\_
5. Name of school or college you plan to attend: \_\_\_\_\_
6. Major subjects of study: \_\_\_\_\_ Minor: \_\_\_\_\_
7. Name and complete address of high school currently attending:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_
8. Date of high school graduation: \_\_\_\_\_
9. SAT Score \_\_\_\_\_ OR ACT Score \_\_\_\_\_ OR Other (explain) \_\_\_\_\_
10. **ATTACH AN OFFICIAL HIGH SCHOOL TRANSCRIPT – FALL/2<sup>ND</sup> QUARTER GRADES MUST BE INCLUDED (ORIGINAL SIGNATURE AND/OR SEAL REQUIRED)**
11. Give names of the three individuals who wrote recommendation letters for you: (FROM A CURRENT PROFESSOR, TEACHER, EMPLOYER, ETC. **RECOMMENDATIONS FROM FAMILY MEMBERS WILL NOT BE ACCEPTED**)
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
12. Please write a brief autobiography (do not exceed 200 words) describing your experiences to date and indicating, at the end, your hopes and plans for the future.
13. Have you applied for a Hatterscheidt Fdn. Scholarship at more than 1 school/college/university? \_\_Yes\_\_ No  
If yes, please give school name(s): \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**APPLICATION FOR 2024-2025 EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC. – FINANCIAL INFORMATION**

Applicant's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

I/We have completed the Application for Federal Student Aid. Yes  
No (STOP-must complete to be eligible)

Parents' 2022 Adjusted Gross Income (Line 37 – Form 1040)  
*(includes salary, wages, dividends, interest, business profits and any other taxable income)*

\$0-25,000	\$50,000-75,000	\$100,000-125,000	\$150,000-175,000
\$25,000-50,000	\$75,000-100,000	\$125,000-150,000	\$175,000-& Above

Parents' Asset Information (Per Section 5 Financial Information Tab-Application for Federal Student Aid):  
*Includes cash, savings, checking, savings accounts, real estate and investments (not home) less real estate or investment debt (not home), business value less debt, and investment farm value less debt (not family farm).*

\$0-50,000	\$100,000-150,000	\$250,000-300,000	\$500,000 & Above
\$50,000-75,000	\$150,000-200,000	\$300,000-400,000	
\$75,000-100,000	\$200,000-250,000	\$400,000-500,000	

Parents' 2022 Filing Status: Married filing joint return  
Married filing separately  
Qualifying widow with dependent child  
Head of Household  
Did not file

Applicant's immediate household consists of (Check All that Apply): Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Brothers \_\_\_\_\_ (# \_\_\_\_\_)  
Sisters \_\_\_\_\_ (# \_\_\_\_\_)  
Other (list) \_\_\_\_\_

Number of family members attending college in 2024/2025 \_\_\_\_\_

Please list all scholarships and amounts received to date: \_\_\_\_\_

Please note any other pertinent information that may reflect need for financial assistance to provide for college expenses of applicant: \_\_\_\_\_

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE BY THE HATTERSCHEIDT FOUNDATION, BUT IS NECESSARY TO ASSURE THAT SCHOLARSHIP RECIPIENTS MEET THE FINANCIAL NEED CRITERIA.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

**2024-2025**

**LETTER OF RECOMMENDATION**

**TO**

**THE HATTERSCHEIDT FOUNDATION, INC.**

(To be a thoughtful appraisal of the applicant, his/her strong and weak points, his/her character, personality, abilities, emotional stability, adaptability to new conditions, his/her seriousness of purpose, and his/her probability of success in further study.)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Do you recommend college training for applicant? Yes \_\_\_\_ No \_\_\_\_

If "YES", state your reasons:

Length of time this applicant has been personally known by the undersigned: \_\_\_\_\_

Relationship, if any, of the undersigned to this applicant (may not be a family member): \_\_\_\_\_

Signed: \_\_\_\_\_ Position or Title: \_\_\_\_\_ Date: \_\_\_\_\_

**2024-2025**

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