

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

GUIDELINES

1. The recipient must be a **South Dakota Resident**, graduating from a **South Dakota High School or Homeschool**.
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**. Homeschool students must have an ACT score of at least 18 or an equivalent SAT score.
6. The quality and appearance of the application will be taken into consideration.
7. All students must complete the entire application and provide a complete official transcript and three current letters of recommendation.
8. **All documents must be received by the deadline provided by the institution 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**.
9. Applicants must show financial need and must apply for Federal Student Aid.
10. Recipients must submit a Thank You to the Board by July 1st 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.

APPLICATION FOR EDUCATIONAL SCHOLARSHIP
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/2ND 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)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$0-25,000 | <input type="checkbox"/> \$50,000-75,000 | <input type="checkbox"/> \$100,000-125,000 | <input type="checkbox"/> \$150,000-175,000 |
| <input type="checkbox"/> \$25,000-50,000 | <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$125,000-150,000 | <input type="checkbox"/> \$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).

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$0-50,000 | <input type="checkbox"/> \$100,000-150,000 | <input type="checkbox"/> \$250,000-300,000 | <input type="checkbox"/> \$500,000 & Above |
| <input type="checkbox"/> \$50,000-75,000 | <input type="checkbox"/> \$150,000-200,000 | <input type="checkbox"/> \$300,000-400,000 | |
| <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$200,000-250,000 | <input type="checkbox"/> \$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

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

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: _____