

## **SANFORD CHAMBERLAIN SCHOLARSHIP PROGRAM**

Sanford Chamberlain administers an annual scholarship program to eligible participants of the Chamberlain, Kimball, Lyman County, Fort Thompson, Lower Brule and Crow Creek School systems for those students who are seeking a career in the healthcare industry. One scholarship per school will be awarded. The scholarship is in the amount of \$500. It is paid directly to the college or vocational school that the recipient is enrolled in and attending. It is paid in increments of \$250 per semester upon receipt of proper documentation to Sanford Chamberlain Administration by the recipient.

### **ELIGIBILITY**

1. Applicants must be a member of the high school graduating Senior Class of the above mentioned school systems for the year in which they are applying.
2. Applicants must be preparing for education in the health care industry.
3. Applicants must graduate from an accredited high school with a grade average of a "C".

### **PROCEDURES**

1. Application forms and information may be accessed through the Guidance Counselor at Chamberlain High School, Lyman County High School, Kimball High School, Lower Brule High School, or Crow Creek High School or at the Administration Office of Sanford Chamberlain.
2. Applications must be completed and returned to the above-mentioned locations by the deadline established by each participating school system. Check with your Guidance Counselor or your Principal for the deadline date.
3. Scholarship awards will be made at the end of the school year. This may vary from school to school, depending on the ending date for that school.
4. A committee from each participating school will select scholarship recipients.
5. Funds awarded will be paid directly to the recipient's college or vocational school after proper documentation is received in the Administration Office of Sanford Chamberlain. This documentation consists of proof of enrollment and acceptance in a healthcare program for both the fall and spring semester. A copy of a transcript or a grade report will also be required for the spring semester payment. Recipients must maintain a grade point average of 3.0 in 12 or more course hours to receive the spring semester payment.

**SANFORD CHAMBERLAIN SCHOLARSHIPS**  
**TRIBAL ELIGIBILITY REQUIREMENTS**

**ELIGIBILITY:**

1. Applicants must be preparing for a profession or training in a career related to medical or hospital work.
2. Applicants must be a member of one of the Crow Creek or Lower Brule Tribes. Proof of enrollment or proof of ¼<sup>th</sup> Indian Heritage with proof of ancestral enrollments will be required.
3. Applicants need not be current high school seniors and no age limits will be applied.

**PROCEDURES:**

1. Application forms and information may be obtained through Lower Brule School, Crow Creek School, Chamberlain High School Lyman High School, Kimball High School or Sanford Chamberlain.
2. Applications should be completed and returned to Sanford Chamberlain, Attn: Administration, 300 S Byron Blvd, Chamberlain, SD 7325 between Jan 1<sup>st</sup> and April 1<sup>st</sup> of each year  
NOTE: Guidance Counselors: If scholarships are presented to you, please forward all tribal scholarships to Sanford Chamberlain, Attn: Administration, 300 S Byron Blvd, Chamberlain, SD 57325 by April 1<sup>st</sup>.
3. Awards will be made in May each year for the next term of education or training.
4. Any funds awarded will be paid to the recipient's college, vocational school or training agency in semester shares.
5. Financial need of the applicants will be a factor considered by the committee in making awards.

**CRITERIA:**

1. Applicants should present evidence showing that the healthcare program for which they have applied meets eligibility standards and should show evidence that they have been or will be accepted into that program.
2. For scholarship fund payments beyond the first semester, the recipients must show proof of participation in the program.
3. To continue fund payments, recipients must maintain a grade average of "C" in 12 course hours or more or must show similar satisfactory performance in a non-college program.
4. Applications should present all transcripts of schoolwork completed such as high school, GED and other training programs.

SCHOLARSHIP APPLICATION

SANFORD CHAMBERLAIN  
300 S. BYRON BLVD.  
CHAMBERLAIN, SD 57325

All information requested in this application is voluntary; however, failure to fully complete all applicable parts may result in delays in processing this application or may make it impossible for processing to be completed.

Name: \_\_\_\_\_ Soc. Sec. No. (Optional) \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_

Tribal Affiliation and No. (if applying for Tribal Scholarship) \_\_\_\_\_

Dates of program for which scholarship is requested: \_\_\_\_\_ to \_\_\_\_\_

Name of college or training agency to be attending: \_\_\_\_\_

Address of this institution: \_\_\_\_\_

Specific program to be completed: \_\_\_\_\_

Degree, Diploma, or Certification to be received: \_\_\_\_\_

Total estimated cost of the program for one year \$ \_\_\_\_\_

List other funds available to assist with this program (e.i; parents' support, grants, work study, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other grants, scholarships, etc. that you have earned in the past, including dates and programs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If the answer is yes, please describe your employment, responsibilities, salary, and length of employment, part or full time status.

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Explain why you feel this education or training will be beneficial to you, your family and other people.

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If you have further comments to add to any of the questions asked, please feel free to attach this information by using another sheet of paper.

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds provided by the Sanford Health Chamberlain Scholarship program solely for the expenses of the above state program and will return any funds not so used or funds remaining if the program is not completed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_