

Pioneer Memorial Foundation

Pioneer Memorial Foundation 2021 Marie Swensen---Pioneer Memorial Nursing Scholarship Application

Purpose Statement: *The Pioneer Memorial Foundation is dedicated to improving health care in Turner County and the surrounding area by obtaining charitable support for the primary benefit of Pioneer Memorial Hospital & Health Services and the people it serves. The Foundation provides funds for new equipment, renovations, scholarships, and special projects that mean improved healthcare for you and your family. Our mission seeks to enhance the health, healing, and the communities served by Pioneer Memorial.*

The Pioneer Memorial Foundation along with the family of Marie Swensen has established a scholarship to assist students who are planning to pursue a nursing degree at a post-secondary two or four year college, university or vocational-technical program. The scholarships will be offered on a one year basis for full-time study at any accredited post-secondary institution the student chooses.

The scholarship program is administered by the Pioneer Memorial Foundation of Viborg, SD. The Pioneer Memorial Foundation believes in equal opportunity and will grant scholarships without regard to race, color, creed, religion, gender, disability, national origin or any other category protected by state, local or federal law, regulation or rule.

Qualifications

Applicants of the scholarship must meet the following requirements:

- High school senior who plan to enroll in a full-time undergraduate course of study to major in nursing at an accredited two or four year college, university or vocational-technical program;
- Student must be a senior at Viborg-Hurley High School (Viborg, SD).

Application

Interested individuals must complete the application and mail it along with an official, complete transcript of grades to the Pioneer Memorial Foundation. Those students will also need to submit a copy of an acceptance letter from the college, university, or vocational-technical program. Three (3) references will be required. References are to be mailed by the applicant or individual completing the same. The application and references must be postmarked by **April 16, 2021**.

Applicants are responsible for submitting all necessary information. Evaluation of applications is based on the information supplied and all questions must be answered completely. All information received is considered confidential and is reviewed only by the Pioneer Memorial Foundation Scholarship Committee.

Selection

Marie Swensen Nursing Scholarship recipient will receive a \$2,000 scholarship award based upon their academic record, participation in school and community activities, a statement of educational and career goals and any unique personal circumstances.

Selection of recipient is made by the Pioneer Memorial Foundation Scholarship Committee. All decisions are final. Applicants will receive written notification. Inquiries regarding the scholarship program should be submitted to: Pioneer Memorial Foundation, Attn: Marie Swensen Scholarship Committee, 315 Washington, PO Box 368, Viborg, SD 57070 .

2021 Marie Swensen---Pioneer Memorial Nursing Scholarship Application

Please complete all information. If more space is needed, use additional paper and attach it to the application.
Deadline for submission of the application is postmark date of **April 16, 2021**.

Application Information

Name _____
(Last) (First) (MI)

Permanent Address _____
(Street/PO Box) (City) (State) (Zip)

Telephone _____

Parent/Legal Guardian Information

Name _____
(Last) (First) (MI)

Address _____
(Street/PO Box) (City) (State) (Zip)

High School Information

High School Name _____

High School Address _____
(Street/PO Box) (City) (State) (Zip)

Telephone _____ Graduation Date _____
(Month/Year)

Post-Secondary School Information

Name of accredited, undergraduate, post-secondary school you currently attend or plan to attend in the fall of **2020**. (If unknown, please list in order of preference the schools to which you have applied.) Please do not abbreviate school names.

School Name _____

Complete Address _____
(Street/PO Box) (City) (State) (Zip)

School Name (2nd Preference) _____

Complete Address _____
(Street/PO Box) (City) (State) (Zip)

Year in post-secondary program next school year: 1 2 3 4 5

Major _____ Anticipated Graduation Date _____

Incomplete applications will not be considered.

Academic Scholarships and Grants Awarded

(Use additional pages if necessary) (If does not apply use N/A)

- 1. Source _____ Amount of \$ _____
Date Applied ___/___/___ Date Awarded ___/___/___

- 2. Source _____ Amount of \$ _____
Date Applied ___/___/___ Date Awarded ___/___/___

- 3. Source _____ Amount of \$ _____
Date Applied ___/___/___ Date Awarded ___/___/___

- 4. Source _____ Amount of \$ _____
Date Applied ___/___/___ Date Awarded ___/___/___

- 5. Source _____ Amount of \$ _____
Date Applied ___/___/___ Date Awarded ___/___/___

Educational/Career Goals

Describe your plans in relation to your educational, career and long-term goals.
(No more than 500 words)

Participation in School & Community Activities/Employment

Describe activities you have been involved in during your high school educational years.
(No more than 250 words)

Unique Circumstances

Please describe how a unique family or personal experience inspired you to pursue a career in nursing. (No more than 250 words)

High School Transcript Information Required

Students must include an official transcript of grades for the last completed semester of study from their high school. Applicant is responsible for ensuring the official transcript is submitted and received.

Please indicate below how your official transcript will be submitted to the Pioneer Memorial Foundation.

Enclosed is an official transcript from my last completed semester of study.

My official transcript will be sent to the Pioneer Memorial Foundation by my school.

Only official transcripts will be accepted. Copies or website print-out of grades will not be accepted as official transcripts.

My cumulative GPA is _____ for the last completed semester. (Based on a 4.0 grading scale.)

This application for a scholarship becomes complete and valid only when you have followed all the instructions below:

Return completed and signed scholarship application.

Return official completed transcript of grades for the last semester completed.

Note: Some schools will only send transcripts directly to the Pioneer Memorial Foundation.

Submit a copy of an acceptance letter from the college, university, or vocational-technical program.

Return of 3 references. (2 – academic/ 1 – personal/nonfamily)

Application and references must be postmarked by **April 16, 2021**.

Send by postmark deadline of **April 16, 2021** to:

Pioneer Memorial Foundation

Attn: Marie Swensen Scholarship Committee

315 Washington, PO Box 368

Viborg, SD 57070

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Any falsification of the required information and any missing information will disqualify me from receiving scholarship funds.

Applicant's Signature _____ Date _____

Incomplete applications will not be considered.

Pioneer Memorial Foundation

2021 Marie Swensen---Pioneer Memorial Nursing Scholarship Reference

Mail To:
Pioneer Memorial Foundation
Attn: Marie Swensen Scholarship Committee
315 Washington, PO Box 368
Viborg, SD 57070

Reference must be submitted Pioneer Memorial Foundation by April 16, 2021. Student's application will be considered incomplete if reference is not received by the deadline.

Applicant's name _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

Opposite each ability and/or trait, check the most appropriate category:

	Excellent	Above Average	Average	Below Average	No Basis for Opinion
Scholastic ability					
Initiative					
Ability to work with people					
Confidence					
Acceptance of criticism					
Self-discipline					
Dependability					
Honesty					
Reaction to stress					
Accountability					
Organizational ability					
Ability to make decisions					
Interest in learning					

Overall Evaluation: (Circle One) Highly Recommend Recommend Recommend with Reservations

Comments:

Signature: _____ Date: _____

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Interest in learning					

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Comments:

Signature: _____ Date: _____