

**APPLICATION**

**Medical Assistant Scholarship Program**

**Avera St. Mary’s Hospital**

**Pierre, South Dakota 57501**

**Application Deadline: Award cycle begins October 1, 2024**

**and continues until all scholarships are awarded.**

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Name: Last First Middle

Permanent Address City State Zip Code Phone

School Address City State Zip Code Phone

1. Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of School

2. Academic Year \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ 3. Expected Date of Graduation \_\_\_\_\_\_\_\_

 1 2 3 4

3. Statement of financial need.

Please describe any other financial assistance or scholarships you are receiving and what your financial need is.

CURRENT EDUCATIONAL LOANS OR SCHOLARSHIPS

 Name of Source School Period from – to -- Amount

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4. Education History: High School, College

 School Location Attendance Dates

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**Please attach a transcript of your most recent educational experience and your GPA.**

5. Employment Record:

 Business/Contact Person Address/Phone #: Dates:

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6. List Honors, Awards and Recognition you have received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. List Extra-Curricular Activities and Interests (i.e. athletics, dramatics, music clubs and

 community service): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Describe why you want to become a Medical Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Submit two sealed letters of professional recommendation from an employer or an educational professional.

Statement of Intent and Agreement:

If I am awarded a scholarship by Avera St. Mary’s, it is my intention to complete my education as outlined and to serve as a member of the profession for which I am preparing myself. I also agree to immediately inform Avera St. Mary’s about discontinuing or postponing my program/degree. I agree that this application and all credentials submitted by me or others on my behalf will remain the property of Avera St. Mary’s.

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

## Submit this complete application and attachments requested under question 4 and 9 to:

## Avera St. Mary’s Hospital

**Attn: Kat Haarstad, Talent Ambassador**

**801 East Sioux Avenue**

**Pierre, SD 57501**