

## Robert L. Scott Scholarship Application Information

To be eligible for the Robert L. Scott Scholarship, you must meet all of the following criteria:

- Be a high school senior in one of the qualifying South Dakota counties (Lyman or Stanley) OR a previous Robert L. Scott Scholarship award winner applying for a renewal and enrolled in a vocational school within the state of South Dakota.
- Be enrolled in a vocational school within the state of South Dakota for the upcoming academic year.
- Be a United States citizen.
- Have a current High School GPA of 2.0 (based on a 4.0 grading system) or higher OR a minimum of a 3.0 GPA at a vocational school if reapplying for the scholarship.
- For legal reasons, applicant must not be a relative of Robert L. Scott or Velta Kindopp Scott.

**Scholarship Value:** A maximum of \$1,000 per year.

*The Scholarship is renewable for a 2<sup>nd</sup> year provided the student has a minimum of a 3.0 GPA. The scholarship recipients will be determined by the High School Counselor in each school in Lyman and Stanley County.*

**All applications must be sent to:** The attention of your High School Counselor in either Lyman or Stanley County.

Applications must be postmarked no later than **April 1**.

All eligibility requirements must be met. Scholarships may not be used for any purpose other than tuition at the vocational school identified in the application. If all eligibility requirements are not met, it may result in the disqualification of the applicant.

**Please attach the following information with your application:**

**Academic History:** Please include a copy of your High School transcript. Your High School GPA from the last semester or quarter completed must be 2.0 or higher.

**Written Essay:** Please provide a short essay (no more than one page), authored by the student applicant, addressing the student's need for financial assistance and describing why the student selected their particular vocation and vocational school.

## Robert L. Scott Scholarship Application

Please print or type the following information:

Student's Name: \_\_\_\_\_

Are you currently enrolled in high school: \_\_\_\_ Yes \_\_\_\_ No

Name of High School: \_\_\_\_\_

Name of High School Counselor: \_\_\_\_\_

Phone Number of High School Counselor: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent' s/Guardian's Name: \_\_\_\_\_

Parent' s/Guardian's Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

I am planning to attend the following vocational school \_\_\_\_\_

The vocation I have selected is: \_\_\_\_\_

To the best of our knowledge, the above information is true and correct. I/We understand that falsification of any information on this application or supporting document will void this application for a Robert L. Scott Scholarship and result in not being considered for scholarship funding in the forfeiture of scholarship funds previously awarded. In this event, you will be required to reimburse the Robert L. Scott Scholarship the full amount of the scholarship funding you received.

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

Student's Signature: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_