



SIoux FALLS AREA
**COMMUNITY
FOUNDATION**
• FOR GOOD • FOR EVER •

Hovland Scholarship

Founded in 1996 by Eunice and Howard Hovland

ABOUT THE SCHOLARSHIP

This award was established in memory of Christian T. and Anna (Barnes) Hovland. It is funded for the express purpose of promoting and encouraging students of Norwegian descent to pursue education beyond high school, anticipating purposeful and professional employment as well as possible cultural exchange.

Eunice and Howard Hovland have been employed in the field of education for a combined total of sixty-eight years, and since they recognize the value of education as a means to achieve professional occupational goals, they encourage education beyond high school for academic as well as technical skill advancement.

This award is open to incoming Juniors only. Recipients can renew their award for their Senior year and receive \$2,000 provided they maintain a minimum GPA of 2.5.

AWARD: \$1000

Open to students who will be Juniors in the fall of 2010

**APPLICATION DEADLINE:
July 15, 2010**

**Seek Knowledge
Above All
Gain Understanding
Learning Never Ends**

Keep This Information For Your Records

Applicants must —

- Be of Norwegian descent.
- Demonstrate financial need.
- Have a cumulative GPA of 2.0 or better on a 4.0 scale.
- Be incoming juniors enrolled in an accredited college or university.

To be eligible for consideration, you must submit —

- Scholarship Application. You will attach separate sheets of paper to respond to Section IV, Extra-Curricular Activities; Section V, Work Experience; and Section VI, Essays. Primary consideration for an award will rest on your essays.
- Family Tree. Use the form provided to trace your Norwegian heritage. The selection panel awards five extra points to applicants from the Bomlo Community of Norway.
- Recommendation Forms (2). You will submit two recommendations. One from a professor or administrator and one from an adult who knows you well. Under no circumstances may family members or selection panel members serve as your references. Applicants who use family or selection panel members will be disqualified.
- Official Transcript. You will attach your college transcript of all classes completed.

Please note —

- Your application will be duplicated for a selection committee. Photocopy and write on only one side of each sheet of paper.
- Any transcript, certification, or recommendation submitted is subject to verification by Sioux Falls Area Community Foundation.
- This award may be renewable for your senior year, provided you maintain a cumulative college GPA of 2.5 or higher in your major field, and 2.0 or higher overall. Additional awards are made based on the availability of funds and are for tuition only. Proof of enrollment at an accredited college or university is required.
- If you have questions about this application, please call the scholarship administrator at the SFACF, (605) 336-7055.
- Complete your application and submit all required forms — including any required transcript, certification, or recommendation — in one package. Your submission must be postmarked no later than July 15. Send to —

SIOUX FALLS AREA COMMUNITY FOUNDATION
Hovland Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

Hovland Scholarship Application

Please type or print responses in black ink and complete all sections.

I. STUDENT INFORMATION			
Student's name	_____	_____	_____
	last	first	middle
Permanent address	_____	_____	Phone no. _____
	street	city	state zip
Parent or guardian name	_____	_____	
	last	first	
Permanent address	_____	_____	_____
	street	city	state zip
Name of school you attend	_____		
Cummulative GPA	_____		

Please address the following using additional sheets of paper where applicable. (Use one side of paper only.)

II. FAMILY TREE (Use form provided)

III. LETTERS OF RECOMMENDATION (Use forms provided)

Applicants are required to submit two recommendations. One from a professor or administrator and one from an adult who knows you well. Under no circumstances may family or selection panel members serve as your references.

IV. EXTRA-CURRICULAR ACTIVITIES

List activities you have participated in during your high school and college years, any offices held and/or awards received, and year(s) of involvement.

V. WORK EXPERIENCE

Describe paid work experience and/or volunteer work you have had in the past four years. List position, employer, and dates of employment.

VI. ESSAYS

Write two essays of no more than 500 words. In one, describe your educational and career goals. In the other, describe how Norwegian ancestry has enriched your life and how you intend to pass on your heritage. Primary consideration for an award will rest on your essays.

VII. OFFICIAL TRANSCRIPT

Attach transcript of all college classes completed.

Hovland Scholarship Application

VIII. FINANCIAL INFORMATION

Estimate of Annual Educational Expenses		Sources of Annual Support	
◆ Tuition and fees	\$ _____	◆ Personal savings	\$ _____
◆ Books and supplies	\$ _____	◆ Personal employment	\$ _____
◆ Room and board	\$ _____	◆ Family sources	\$ _____
◆ Personal expenses	\$ _____	◆ Financial aid	\$ _____
◆ Other expenses (list)		◆ Scholarships applied for	
_____	\$ _____	(list)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total expenses	\$ _____	Total support	\$ _____

Please circle any scholarship award that you have received.

IX. SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

X. CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge and that I am not related to any member of Sioux Falls Area Community Foundation's staff or Board of Directors.

Applicant's signature

Applicant's name (print)

Date

Submit this application and all required forms by July 15 to:

SIOUX FALLS AREA COMMUNITY FOUNDATION
Hovland Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

*If you have questions, please call the Scholarship Administrator at the
Sioux Falls Area Community Foundation, (605) 336-7055.*

Hovland Scholarship

Family Geneology

For each generation, provide information on the relative native to Hovland, Langavag, the Island of Bomlo, or Norway back to the ancestor born in that area. If more than one parent or grandparent at each level is native to one of these areas, photocopy this form or use an additional sheet of paper to provide the information in a similar format. Include maiden names where applicable.

 your full name

Parent of Applicant —

Name _____

Date of birth _____

Place of birth _____

state/area

 country

Date of death _____

Place of death _____

Grandparent of Applicant —

Name _____

Date of birth _____

Place of birth _____

state/area

 country

Date of death _____

Place of death _____

Great Grandparent of Applicant —

Name _____

Date of birth _____

Place of birth _____

state/area

 country

Date of death _____

Place of death _____

Great Great Grandparent of Applicant —

Name _____

Date of birth _____

Place of birth _____

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 country

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Great Great Great Grandparent of Applicant —

Name _____

Date of birth _____

Place of birth _____

state/area

 country

Date of death _____

Place of death _____

Hovland Scholarship

Recommendation Form

Applicant's name _____

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by the Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- ◆ Please do not write or type on back side of this paper.
- ◆ Attach additional sheets of paper if necessary.
- ◆ When finished, place form in a sealed envelope and write your name across the seal.
- ◆ Return to applicant as soon as possible. Applications are due July 15.

Please type or use black ink.

1. How long have you known the applicant?
 All his/her life 5-10 years 3-5 years 1-3 years
2. How have you been acquainted with this applicant?
3. What qualities make this applicant a good candidate for this scholarship?
4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

Signature

Address

Print or type name

City

State

Zip

Title (if school official)

Telephone

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