



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: \$1,000**

**Open to students who will be Juniors in the fall of 2012**

**APPLICATION DEADLINE:  
July 15, 2012**

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

## Application Submission Instructions

### *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, your application must be submitted on a current application form and be signed.*

- Scholarship Application. 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). Before asking someone to complete a recommendation on your behalf ask whether that person is serving on the selection panel. 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. You will submit two recommendations, one from a professor or administrator and one from an adult who knows you well.
- 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, ext. 20.
- 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

## 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. If selected for this award, SFACF is authorized to publish my photograph and name on its website, publications, and advertisements.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
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

# 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 Great 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 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

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

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City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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