

North Central Heart Institute Scholarship

Since 1981, North Central Heart Institute has been leading the way in cardiac and vascular medicine. NCH has earned national recognition for exceptional care that has improved the lives of thousands of people suffering from cardiovascular diseases.

Over the years, North Central Heart Institute physicians have been on the forefront of innovative procedures and developments that have helped shape heart care in the region. NCH maintains a commitment to staying on the cutting edge of cardiovascular medicine and to excellence in patient care.

In 1993, NCH established this scholarship to help support the region's development as a major medical center by supporting students in their pursuit of medical degrees. Organizers hope that recipients of this award will ultimately practice their specialty in the area.

APPLICANTS MUST —

- ◆ *Be pursuing a medical degree through the Sanford School of Medicine of the University of South Dakota*
- ◆ *Be classified as third or fourth-year students in the program.*
- ◆ *Demonstrate the potential to succeed in medicine.*
- ◆ *Demonstrate financial need.*

Preference is given to applicants who plan to practice in the region following graduation.

AWARD: \$2,000

APPLICATION DEADLINE: April 30, 2012

Application Submission Instructions

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 III, Essay Questions.
- Letters of Recommendation (2). Before asking someone to complete a recommendation on your behalf ask whether that person is 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 medical school advisor and one from a personal acquaintance who knows you well.
- Medical School Transcript. You will include an official copy of your medical school transcript.

Please note —

- Your application will be duplicated for a selection committee. Photocopy and write on only one side of each sheet of paper.
- This award is renewable for winners who are in their third year of study.
- Any transcript, certification, or recommendation submitted is subject to verification by Sioux Falls Area Community Foundation.
- If you have questions about this application, please call the Scholarship Administrator at SFACF, (605) 336-7055, ext. 20.
- Complete your application and submit all required forms — including any required transcript, certification, or recommendation — in one package. Submissions must be postmarked no later than April 30. Send to —

SIoux FALLS AREA COMMUNITY FOUNDATION
North Central Heart Institute Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

North Central Heart Institute Scholarship Application

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.

VI. SPECIAL CIRCUMSTANCES

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

VII. 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 April 30 to:

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

North Central Heart Institute 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 members 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 April 30.

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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