

Duane Odland Scholarship



In August of 1995, Midwest Coast Transport, L.P. established the Duane Odland Scholarship Fund to benefit children of employees and independent contractors and their drivers.

Odland was a Vice President at Midwest Coast Transport and a valued, long-time employee when he died at the age of 51.

This scholarship is administered by the Sioux Falls Area Community Foundation, which currently manages and distributes money from more than 700 funds.

APPLICANTS MUST —

- ♦ *Be children of a Midwest Coast Transport employee, independent contractor, or driver for an MCT contractor. Employees must be employed with MCT for more than one year.*
- ♦ *Have completed one year at an accredited college, university, technical, or vocational school.*
- ♦ *Have a “C” (2.0) average or higher.*
- ♦ *Have the desire and ability to succeed in their chosen field of study.*

Past winners are eligible to reapply

AWARD: \$750

APPLICATION DEADLINE: JULY 1, 2012

NOTE: Outdated applications will not be accepted. Check the application deadline printed above to ensure this form is eligible for consideration. Extra copies may be made. Photocopy on one side of paper only.

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, Honors and Awards; Section IV, Extra-Curricular and Community Activities; Section V, Work Experience; and Section VI, an Essay.
- 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 teacher or professor and one from an adult who knows you well.
- Official Transcript. You will include an official transcript of all classes since high school. The transcript must include your GPA, Class Rank, and ACT or SAT score.

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.
- 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 1. Send to —

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

Duane Odland 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/guardian _____ Phone no. _____
last first middle

Permanent address (if different from applicant) _____
street city state zip

Relationship to applicant _____

Position/title _____ Date employment began _____

Name of school you attend _____

Address _____

City State Zip

School is Four-year Two-year College/university Vocational/technical

Current status Sophomore Junior Senior Full-time Part-time

Semesters completed _____ Quarters completed (if applicable) _____

Graduation date _____

Cumulative GPA (4.0 scale) _____

Duane Odland Scholarship Application

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

- II. LETTERS OF RECOMMENDATION (Use forms provided)
Applicants are required to submit two recommendations. One from a teacher or professor and one from an adult who knows you well. Under no circumstances may family members or selection panel members serve as references.
- III. HONORS AND AWARDS
List all honors or awards you have received while attending your current school, the year awarded, and the reason for the award.
- IV. EXTRA-CURRICULAR AND COMMUNITY ACTIVITIES
List the extra-curricular and community activities you have participated in since high school, any offices held, and year(s) of involvement.
- V. WORK EXPERIENCE
Describe paid work experience (full or part-time) you have had since high school. List position, employer, and dates of employment.
- VI. ESSAY
Write an essay of no more than 500 words describing your personal aspirations and career goals. Include motivating factors or experiences that have helped shape your personal philosophy.
- VII. OFFICIAL TRANSCRIPT. Attach your official transcript of grades for all classes since high school.
- VIII. SPECIAL CIRCUMSTANCES
Indicate any special personal or family circumstances you would like the selection committee to be aware of.
- IX. 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 1 to:

SIoux FALLS AREA COMMUNITY FOUNDATION
Duane Odland Scholarship
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

Duane Odland 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 1.

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. Describe the applicant's character, potential to succeed, and demonstrated motivation to pursue his/her goals.
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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