

Spirit of Sioux Falls Scholarship



The Spirit of Sioux Falls Scholarship was established by more than 100 businesses and individuals to honor David Berkeland, Angus Anson, and Roger Hainje. The three men were prominent Sioux Falls business leaders who lost their lives in a plane crash April 19, 1993. Former Governor George Mickelson and four others were also killed in the crash. The men were on a trip promoting economic development for the City of Sioux Falls and the state of South Dakota.

On the first anniversary of the crash, a bronze enlargement of the Koryczak Ziolkowski sculpture “Fighting Stallions” was dedicated as a memorial to the men who lost their lives that day. It graces the east lawn of the state Capitol grounds.

The Spirit of Sioux Falls Scholarship benefits college and vocational or technical school students who are pursuing a degree in business. A panel of business and education leaders from the Sioux Falls area selects the winners.

Applicants must —

- ◆ Live in or maintain residency in Lincoln or Minnehaha County — even though they may attend a school outside the area — or they must attend school in one of these two counties.
- ◆ Attend a school accredited by the North Central Association Commission on Accreditation and School Improvement.
- ◆ Fit one of the following categories —
 - be enrolled full-time in a four-year college or university and have completed at least one year of undergraduate study;
 - be enrolled full-time in a graduate program;
 - be enrolled full-time in a two-year program at a vocational or technical school or community college and have completed at least one semester;
 - be enrolled full-time in a two-year program at a vocational or technical school or community college, have completed at least one year, and plan to continue studying at a four-year college or university. In this case, the award will be paid to the college or university upon proof of enrollment.
- ◆ Be pursuing a degree in business.
- ◆ Demonstrate understanding of the role of business in American society.
- ◆ Demonstrate motivation and ability to succeed in their chosen field of study.
- ◆ Demonstrate academic excellence and community involvement.

AWARD: \$2,500

APPLICATION DEADLINE: July 1, 2012

Previous recipients will not be considered for another award.

NOTE: Outdated applications will not be accepted.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, Community and Extra-Curricular Activities; Section IV, Work Experience; Section V, 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 one recommendation from your department head/advisor or professor and one from an employer or volunteer agency director.
- Official Transcript. You will include your transcript for 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.
- 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 transcript or certification — in one package. Your recommendation forms should be mailed directly to SFACF by your references. Your submission must be postmarked no later than July 1. Send to —

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

Spirit of Sioux Falls 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

Name of school you attend _____

School is a Four-year academic college or university Vocational/technical school
 Community college

Major/minor course of study _____ Semesters completed _____

GPA _____ GPA in major _____ Semesters remaining to complete degree _____

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. You will submit one recommendation from your department head/advisor or professor and one from an employer or volunteer agency director. Under no circumstances may family or selection panel members serve as your references.

III. COMMUNITY AND EXTRA-CURRICULAR ACTIVITIES

List the community and extra-curricular activities you have participated in during your college years, any offices held and/or awards received, and year(s) of involvement. Do not include high school activities.

IV. WORK EXPERIENCE

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

V. ESSAY

Write an essay of no more than 1,000 words describing the role of business in American society. Include a short paragraph explaining why you have chosen your particular field of study.

VI. OFFICIAL TRANSCRIPT

Include a transcript of all college classes completed.

Spirit of Sioux Falls Scholarship Application

VII. 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.

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
Spirit of Sioux Falls Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57105-6035

Spirit of Sioux Falls Scholarship

Employer/Volunteer Agency Director 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. What qualities make this applicant a good candidate for this scholarship? Specifically describe candidate's work ethic.
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

Telephone

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

Spirit of Sioux Falls Scholarship

Department Head/Advisor or Professor Recommendation Form

Applicant's name _____

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