

Dakota State University

2015-16 Academic Year

Incoming Student Scholarship Application Application Priority Deadline is: March 1, 2015

Student Classification at DSU (please circle):	Freshman	Transfer	Undergr	aduate/Grad	duate
Name					
Last		First		Middle II	nitial
Home Address				01-1-	7'.
Street	C	City		State	Zip
County	Phone		Date of	Birth N	lonth/Day/Year
Student ID if current student					
Major (If known):1st	2nd	2nd		_ 3rd	
High School Attended	City		State	_ Year Grad	uated or GED
Involvements & Honors:					
1) List your high school/post-secondary school					
extra-curricular activities. Please include yea	rs involved and	offices held.	Please use a	an additiona	I sheet if needed.
2) List any community activities and services	in which you ha	ave been invol	ved.		
3) List any honors (high school or community already listed in involvements, activities or inv		eived (Do not i		-	s or <u>what you have</u>
<u></u>					

Are you, or any member of your immediate family, employed by or a member of any of the following?
Madison Chamber of CommerceMadison High School BandMadison Izaak Walton LeagueMadison Kiwanis ClubMadison Rotary Club
Please list name of employee/member, if not yourself:
Are you or your family a customer of East River Electric or Heartland Consumer Power District? Yes No
Are you a Veteran of the U.S. Armed Forces or are you currently serving in any branch of the Armed Forces or the National Guard? Yes No
Are you a non-traditional student, age 24 or older? Yes No
Are you a Child of an Alum Yes No Are you a Relative of an Alum Yes No
Optional: Gender Male Female
Are you a single parent with dependent children? Yes No Age(s) of Child/Children
Do you or your family have any medical expenses or financial hardship due to physical challenges or medical conditions? If so, please provide additional documentation.
The following information is optional. This information is used in compliance with Title VI of the Civil Rights Act of 1964. Your responses will in no way affect your application. Required for Civil Rights/Affirmative Action reporting purposes (check all that apply): Gender: Female Male Ethnic Group/Race: White African American Asian Native American Hispanic Other
With my signature below, I hereby authorize officials to release personal, educational, and financial application results that will assist the DSU Scholarship Committee in the awarding process in conjunction with my scholarship application. I understand that DSU awards most scholarships based on the expectation that a student will progress toward their degree on a full-time basis (12 credits per semester). If I am not enrolled as a full-time student for each academic term for which a scholarship is intended, I understand that my awarded scholarship(s) may be pro-rated or revoked based upon my enrollment after the census date of each term. Statements supporting scholarship application will be maintained in accordance with the Family Educational Rights and Privacy Act and Gramm-Leach-Bliley Act.
SignatureDate
For Press Release, please provide hometown newspaper name and address

Scholarship Committee 820 N Washington Ave Madison, SD 57042-1799

DSU Foundation

Return completed application to:

Email: lexy.sattler@dsu.edu

