



Dakota State University

2017-18 Academic Year

Incoming Student Scholarship Application

Application Deadline: **March 1, 2017**

Scholarships will be awarded after March 15, 2017

Student Classification at DSU: New Transfer Continuing
 Undergraduate Graduate If Transfer or continuing student number of completed credits _____

Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

County _____ Phone _____ Date of Birth _____
Month/Day/Year

Student ID if current student _____ Applicant Social Security Number Last four digits ### ## _____

Major (If known): 1st _____ 2nd _____ 3rd _____

High School Attended _____ City _____ State _____ Year Graduated or GED _____

Involvements & Honors:

1) List any current or past leadership roles.

2) List any *community* activities and services in which you have been involved.

3) Why should you be awarded a scholarship? _____

Please complete the back of this form.

Are you, or any member of your immediate family, employed by or a member of any of the following?

____ Madison Chamber of Commerce ____ Madison High School Band ____ Madison Izaak Walton League
____ Madison Kiwanis Club ____ Madison Lions Club ____ Madison Rotary Club

Please list name of employee/member, if not yourself: _____

Are you or your family a customer of East River Electric? Yes ____ No ____

If yes, name of the cooperative. _____

Are you or your family a customer of Heartland Consumer Power District? Yes ____ No ____

If yes, name of the cooperative. _____

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:

Are you a single parent with dependent children? Yes No Age(s) of Child/Children _____
Scholarships are available for single parents.

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.

Signature _____ Date _____
(MUST BE ORIGINAL SIGNATURE. TYPED SIGNATURE WILL NOT BE ACCEPTED.)

For Press Release, please provide hometown newspaper name and address _____

Return completed application to:

DSU Financial Aid Office
Scholarship Committee
820 N Washington Ave
Madison, SD 57042-1799
Email: jill.corbin@dsu.edu

