

# KARST MEMORIAL SCHOLARSHIP

## Scholarship Application

1. Student's Full Name \_\_\_\_\_
2. Student's Address \_\_\_\_\_
3. County \_\_\_\_\_
4. Date & Place of Birth \_\_\_\_\_
5. Name of Parents \_\_\_\_\_
6. Number of Siblings in Applicant's Family \_\_\_\_\_
7. Siblings Currently enrolled in Post-secondary Education \_\_\_\_\_
8. High School Graduated From & Date \_\_\_\_\_  
\_\_\_\_\_

*(ATTACH ADDITIONAL SHEET(S) AS NEEDED FOR QUESTIONS 9-11)*

9. Awards, Honors, Offices in High School \_\_\_\_\_  
\_\_\_\_\_
10. Extra Curricular & Community Activities, Honors \_\_\_\_\_  
\_\_\_\_\_
11. If you are currently or in the past have held a part-time job, please indicate place and average number of hours worked per week. Include time worked in parents' business and/or farm \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. College, University or Vocational School you plan to attend \_\_\_\_\_  
\_\_\_\_\_
13. What major course of study do you intend to pursue? \_\_\_\_\_  
\_\_\_\_\_
14. Do you expect educational aid from any other source, including parents? Give details. \_\_\_\_\_  
\_\_\_\_\_

15. Please give a brief description of your education and career plans: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

*Signature of Applicant* \_\_\_\_\_

*Date*

- ❖ ALONG WITH SCHOLARSHIP APPLICATION PLEASE FURNISH A COPY OF YOU HIGH SCHOOL TRANSCRIPT AND TWO LETTERS OF REFERENCE (PREFERABLY ONE FROM A TEACHER AND ONE FROM AN EMPLOYER OR COMMUNITY LEADER).

Information and a copy of the application form can be obtained at Fall River Conservation District.

**ALL APPLICATIONS MUST BE POST-MARKED ON OR BEFORE MARCH 31 AND SENT TO:**

Wendy Weimer  
341 S. Chicago Street  
Hot Springs, SD 57747

(605) 745-4007 or 745-5716 ext. 3