



Application for Incoming Freshmen Students

2006-2007 Academic Year

General Information

Applications must be postmarked by February 1, 2006 for priority consideration.

Scholarship applicants will be notified of the decisions.

The Dakota Corps Scholarship Program, created by Governor Rounds, is aimed at encouraging South Dakota high school graduates to:

- Obtain their postsecondary education in South Dakota.
- Remain in the state upon completion of their education.
- Contribute to the state of South Dakota and its citizens by working in a critical need occupation.

The current critical need occupations are:

- Teaching K-12 music, special education, or foreign language in a public, private, or parochial school.
- Teaching high school math or science in a public, private, or parochial school.
- Working as a Licensed Practical Nurse (LPN), Registered Nurse (RN), or in other allied health care fields.

The scholarship amount will be equal to tuition and generally applicable fees for 16 credit hours at a public South Dakota college, public technical college, or tribal college. The scholarship amount at a participating private college will be the same amount that is paid at a public South Dakota college. Participating colleges will provide additional scholarship to cover remaining tuition and fees if needed. It is the intent of the program that the scholarship recipients do not have to pay anything toward tuition and generally applicable fees.

Note: From the total pool of applicants, a limited number will be selected. Also, some South Dakota colleges may limit the number of scholarship recipients they accept, or not participate at all.

To be considered for the scholarship you must meet all of the following:

- Have graduated from an accredited South Dakota high school with a grade point average (GPA) of 2.8 or greater on a 4.0 scale.

Home schooled students will be allowed to provide supplemental information to qualify if the information for this requirement is not available.

- Have a composite ACT score of 24 or greater (or the SAT equivalent).
- Agree in writing to stay in South Dakota and work in a critical need occupation after graduation for as many years as the scholarship was received plus one year.*
- Apply for the first Dakota Corps Scholarship for a school period that begins within one year of high school graduation, or within one year of release from active duty of an active component of the armed forces.
- Attend a participating South Dakota college as an undergraduate student in a program that will prepare the student to work in a critical need occupation.
- Be a U.S. citizen or national.

Programs are limited to four years of scholarship. Scholarships will not be provided for summer session students enrolled in traditional four year programs.

To maintain your scholarship eligibility you must:

- Maintain a 2.8 GPA on a 4.0 scale.
- Be considered a full-time student as defined by the college.
- Make satisfactory academic progress towards a degree.
- Be certified as accepted into the specific program by the start of your junior year (if in a four year program) or be enrolled in the LPN program or other allied health care field.
- Attend a participating South Dakota college.

***This scholarship becomes a low-interest loan if you fail to fulfill the program requirements.**



Important Steps

- Complete all items in the Applicant Information Section.
- Write your essay. Be certain to include your name on the essay.
- Take the application to your high school counselor, high school principal, or other school official for completion of the school certification.
- Send the completed scholarship application and your essay to:

Education Assistance Corporation
 Attention: Dakota Corps Scholarship Program
 115 First Ave SW
 Aberdeen SD 57401

Instructions and Privacy Notice

Applicant Instructions

Use a dark ink ball point pen or typewriter.

Do not complete this form in pencil.

Item 1: Enter your last name, then your first name and middle initial.

Item 2: Enter your nine-digit Social Security Number. Read the Privacy Notice below before completing this item.

Item 3: Enter your permanent home street address, apartment number, city, state, and zip code. If you have a Post Office Box and a street address, list both. A temporary school address is not acceptable.

Item 4: Enter the area code and telephone number for the address listed in Item 3. If you do not have a telephone, enter "N/A."

Item 5: Using only numbers, enter the month, day, and four-digit year of your birth. (For example, for June 24, 1987, enter 06/24/1987.) Be careful not to enter the current year.

Item 6: Enter your preferred e-mail address if you have one. You are not required to provide this information. If you do, we may use your e-mail address to communicate with you. If you do not have an e-mail address or do not wish to provide one, write "N/A."

Item 7: Indicate your U.S. citizenship status by checking "yes." If you are not a U.S. Citizen/National, check "no."

Item 8: Enter the name and address of the public, parochial, or private high school you attended. If you were home schooled, enter "Home Schooled."

Item 9: Enter the month and year of your high school graduation. (For example, for May, 2006, enter 05/2006.)

Item 10a: Indicate "yes" if you were on active duty with an active component of the U.S. Armed Forces.

Item 10b: If you indicated "yes" to to **Item 10a**, using only numbers, enter the month, day, and year of your discharge. (For example, for June 20, 2005, enter 06/20/2005.)

Item 11. List the high school activities in which you have been involved. Include organizations, athletics, music, and other extracurricular activities. Also, include years involved, offices held, and special achievements. Please use an additional sheet if needed.

Item 12. List the honors and awards you have received while in high school. Include those received through academics, school-related clubs or organizations, athletics, music, other extracurricular activities, and organizations or activities outside of high school. Please use an additional sheet if needed.

Item 13. List community service work in which you have participated. (For example: church-related activities, volunteer work, time used to raise money for charitable causes, or work done to help those in need.) Please use an additional sheet if needed.

Item 14a. Check the critical need occupation for which you are pursuing a program of study in South Dakota. If you checked "Other Allied Health Care," please indicate the specific field of study. Other allied health care fields include those health care professionals that support and complement the roles of physicians, nurses, and other health care specialists. Not all participating colleges offer all majors listed.

Item 14b. Write a short (no more than one page) essay about what attracts you to this profession and to remaining in South Dakota for employment. Include the essay with this application. Be certain to include your name on the essay.

Item 15. Read, sign, and date the Applicant Statement of Understanding and Consent to Release Information.

School Certification Instructions

Item 16a. To be completed by the high school counselor, principal, or other school official. Please indicate the ACT or SAT score the student received, the GPA (on a 4.0 scale), and the class rank. Indicate as of which semester and year the GPA and class rank are calculated. Sign and date the certification.

Item 16b. To be completed by home school parent or administrator. Please indicate the ACT or SAT score the student received, the GPA (on a 4.0 scale), and the class rank, if applicable. Indicate as of which semester and year the GPA and class rank are calculated. If you have additional information pertinent to the home school education of this applicant that is not provided elsewhere in the application, you may include a brief summary with this application. Sign and date the certification and attach a copy of the student's ACT or SAT test results.

Privacy Notice

The information provided in this application will be shared with and/or released to the Dakota Corps Scholarship Board, Education Assistance Corporation, as designated administrator, and to any parties as it relates to the selection and maintenance of the scholarship program. We will use your Social Security Number only as an identifier for maintaining and retrieving your scholarship records.



WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.

Please print neatly or type. Read the instructions on the second page of this application carefully.

1. Last Name		First Name	MI	2. Social Security Number	
3. Permanent Street Address (If P.O. Box, see instructions.)				4. Home Area Code/Telephone Number ()	
City		State	Zip Code	5. Date of Birth (Month/Day/Year)	
6. E-mail Address				7. U.S. Citizen/National <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. High School Attended/School Address					
9. Date of Graduation (Month/Year)		10a. Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		10b. If yes, date of discharge (Month/Day/Year)	

[illegible][illegible]

13. List community service work.

14a. Check the critical need occupation for which you are pursuing a program of study in South Dakota:

☐ Teacher - Elementary or Secondary Special Education

☐ Licensed Practical Nurse

☐ Teacher - Elementary or Secondary Music

☐ Registered Nurse

☐ Teacher - Elementary or Secondary Foreign Language

☐ Other Allied Health Care

☐ Teacher - High School Math

If you checked "Other Allied Health Care," please indicate the specific field of study:

☐ Teacher - High School Science

Please note that not all participating colleges offer all of the majors listed above.

14b. Write a short essay. (*See instructions for topic information.*)

15. APPLICANT STATEMENT OF UNDERSTANDING AND CONSENT TO RELEASE INFORMATION: If I receive the Dakota Corps Scholarship, I understand that: I must attend a participating South Dakota college, university, or technical school; I must fulfill a critical need occupation employment requirement; my failure to fulfill the employment requirements will convert this scholarship to an interest-bearing loan. I will sign a separate Acceptance and Promissory Note without which my award cannot be finalized and funds will not be disbursed. I authorize the Dakota Corps Scholarship Board and Education Assistance Corporation, as designated administrator, access to any of my school records for the purpose of verifying the validity of my application information. I authorize a school official at my high school to release the requested information in the School Certification below.

Applicant Signature _____ Date _____

School Certification

16a. HIGH SCHOOL CERTIFICATION

TO BE COMPLETED ONLY BY THE HIGH SCHOOL COUNSELOR, PRINCIPAL, OR OTHER SCHOOL OFFICIAL

(See applicant authorization in the APPLICANT STATEMENT OF UNDERSTANDING AND CONSENT TO RELEASE INFORMATION section.)

ACT or SAT Score _____ Grade Point Average (GPA) on a 4.0 scale _____ Class Rank _____ out of _____

Class Rank and GPA calculated as of _____ semester _____ year

School Official Signature _____ Date _____

Title _____

School Certification

16b. HOME SCHOOL CERTIFICATION

TO BE COMPLETED BY HOME SCHOOL PARENT OR ADMINISTRATOR

ACT or SAT Score _____ Grade Point Average (GPA) on a 4.0 scale _____ Class Rank _____ out of _____

Class Rank and GPA calculated as of _____ semester _____ year

You may provide a brief summary of any pertinent information relating to the home school education of this applicant not provided elsewhere in the application.

Home School Parent/Administrator Signature _____ Date _____