

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP
THE HATTERSCHEIDT FOUNDATION, INC.
2017/18 SCHOOL YEAR**

ALL FIELDS MUST BE COMPLETED TO BE ELIGIBLE

If you are awarded a scholarship, you will be notified by Dacotah Bank via US Mail. For recipients of the award, a thank you note will be REQUIRED to be received at the mailing address in the award letter no later than July 1 to retain the scholarship.

1. Name in full _____ Soc. Sec. # _____
2. Complete **Permanent Mailing** address (Street or Box) _____
(City, State, Zip Code) _____
Phone Number _____
Personal Email Address (not school) _____
3. Date of Birth _____ U.S. Citizen __ Yes __ No (if No – **STOP**, You MUST be a US Citizen to apply)
South Dakota resident __ Yes __ No (if No – **STOP**, You MUST be a SD resident to apply)
4. Identification of Parents:
 - a. Father's name _____
Present address or date of death _____
Occupation _____
 - b. Mother's name _____
Present address or date of death _____
Occupation _____
5. Name of school(s) or college(s) you plan to attend: _____
6. Major subjects of study: _____ Minor: _____
7. Name and complete address of high school currently attending:
Name: _____
Address: _____ Phone # _____
8. Date and Place of graduation: _____
9. SAT Score _____ OR ACT Score _____
10. **ATTACH AN OFFICIAL HIGH SCHOOL TRANSCRIPT**
11. Give names and addresses of the three individuals who wrote recommendation letters for you: (FROM A CURRENT PROFESSOR, TEACHER, EMPLOYER, ETC. **RECOMMENDATIONS FROM FAMILY MEMBERS WILL NOT BE ACCEPTED**)
 - A. _____
 - B. _____
 - C. _____
12. Please write a brief autobiography (do not exceed 200 words) describing your experiences to date and indicating, at the end, your hopes and plans for the future.
13. Have you applied for a Hatterscheidt Fdn. Scholarship at more than 1 school? _____ Yes _____ No
If yes, please give school name(s): _____

Date: _____ Signature: _____

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP
THE HATTERSCHEIDT FOUNDATION, INC. – FINANCIAL INFORMATION**

Applicant's Name: _____

Parent's Names: _____

I/We have completed the Application for Federal Student Aid. Yes
No (STOP-must complete to be eligible)

Parents' 2016 Adjusted Gross Income (Line 37 – Form 1040)
(includes salary, wages, dividends, interest, business profits and any other taxable income)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$0-25,000 | <input type="checkbox"/> \$50,000-75,000 | <input type="checkbox"/> \$100,000-125,000 | <input type="checkbox"/> \$150,000-175,000 |
| <input type="checkbox"/> \$25,000-50,000 | <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$125,000-150,000 | <input type="checkbox"/> \$175,000-& Above |

Parent's Asset Information (Per Section 5 Financial Information Tab-Application for Federal Student Aid):
Includes cash, savings, checking, savings accounts, real estate and investments (not home) less real estate or investment debt (not home), business value less debt, and investment farm value less debt (not family farm).

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$0-50,000 | <input type="checkbox"/> \$100,000-150,000 | <input type="checkbox"/> \$250,000-300,000 | <input type="checkbox"/> \$500,000 & Above |
| <input type="checkbox"/> \$50,000-75,000 | <input type="checkbox"/> \$150,000-200,000 | <input type="checkbox"/> \$300,000-400,000 | |
| <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$200,000-250,000 | <input type="checkbox"/> \$400,000-500,000 | |

Parents' 2016 Filing Status: Married filing joint return
 Head of Household
 Qualifying widow with dependent child

Applicant's immediate household consists of (Check All that Apply): Father _____
Mother _____
Brothers _____ (# _____)
Sisters _____ (# _____)
Other (list) _____

Number of family members attending college in 2017/2018: _____

Please list all scholarships and amounts received to date:

Please note any other pertinent information that may reflect need for financial assistance to provide for college expenses of applicant:

THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE BY THE HATTERSCHEIDT FOUNDATION, BUT IS NECESSARY TO ASSURE THAT SCHOLARSHIP RECIPIENTS MEET THE FINANCIAL NEED CRITERIA.

(Signature of Parent) (Date)

(Signature of Parent) (Date)

LETTER OF RECOMMENDATION

TO

THE HATTERSCHEIDT FOUNDATION, INC.

(To be a thoughtful appraisal of the applicant, his/her strong and weak points, his/her character, personality, abilities, emotional stability, adaptability to new conditions, his/her seriousness of purpose, and his/her probability of success in further study.)

Name of Applicant: _____

Address: _____

Do you recommend college training for applicant? Yes _____ No _____

If "YES", state your reasons:

Length of time this applicant has been personally known by the undersigned: _____

Relationship, if any, of the undersigned to this applicant (may not be a family member):

Signed: _____ Position or Title: _____ Date: _____

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