



Healthcare Career Scholarship

West River Area Health Education Center (WRAHEC) is excited to invite graduating high school seniors who plan to pursue post-secondary education in a healthcare related field to apply for a WRAHEC Scholarship. Five (5) \$500 scholarships will be awarded for 2021 graduating seniors who reside in and intend to pursue further education within the WRAHEC service area.

If you have questions about this application, eligibility requirements, or anything else, please contact Cassi Severson at Cassi.Severson@BHSU.edu or 605.718.4327.

To be eligible for scholarship consideration, a student must:

1. Be a high school senior graduating in spring 2021.
2. Reside or attend school in one of the following South Dakota counties: Bennett, Butte, Custer, Fall River, Haakon, Harding, Jackson, Jones, Lawrence, Meade, Mellette, Oglala Lakota, Pennington, Perkins, Stanley, or Todd.
3. Are planning to pursue post-secondary education as a full-time, degree or certificate-seeking first-year student in fall 2021 at one of the approved programs in western South Dakota (see list on page 2).
4. Fully complete the scholarship application packet.
5. Submit the application packet on or before April 15, 2021.

Selection Criteria:

While academic achievement is considered, the evaluation focuses primarily on non-academic information including engagement in activities (extracurricular, community service, and/or work), commitment to a career in health care, character qualities, identity characteristics, and economic and/or social disadvantage. West River Area Health Education Center selects the scholarship recipients. All applicants agree to accept the decision as final. Scholarships are awarded to the most qualified applicants from a pool of students across all eligible counties. Payment of awarded scholarships will be made in a lump sum directly to the institution designated by the recipient. Checks will be made out and sent to institutions in summer 2021.

Obligations:

Recipients are required to submit all required materials to WRAHEC and to notify WRAHEC of any changes in contact information, college enrollment status, or other relevant information. Recipients will be asked to submit a headshot photo and short bio for use in announcements and publications.

Instructions for Scholarship Packet Requirements:

1. Download then save or print the application.
2. Complete the personal information section (type or handwrite).
3. Compile and attach the following documents:
 - Personal essay of no more than 500 words that answers the following prompt:
 - Describe your chosen healthcare career field, future goals, and how you plan to achieve those goals. Touch on any challenges in life you have faced, how you have overcome them, and the qualities you have developed that will help you succeed in the completion of your educational and career goals.
 - One (1) recent letter of recommendation from a teacher, counselor, volunteer leader, work supervisor, or other individual who can describe your abilities and potential to succeed as you pursue a career in the healthcare field.
 - High school transcript (unofficial is sufficient).
4. Return the application and all supplemental documents on or before April 15, 2021 through one of the following ways:
 - Mail to West River AHEC, PO Box 250, Rapid City, SD 57709
 - Email to westriversdahec@gmail.com
 - Drop off packet at BHSU-Rapid City, 4300 Cheyenne Blvd, Rapid City, SD 57703 (Administrative Office)

If needed, recommendation letters and transcripts can be emailed directly to Cassi.Severson@BHSU.edu.

Approved College Programs:

Black Hills State University

- Applied Health Sciences (AS)
- Pre-Med/Pre-Professional Health (BS)

Oglala Lakota College

- Nursing (AD)
- Social Work (BSW)

Sinte Gleska University

- Licensed Practical Nursing (AAS)

South Dakota Mines

- Pre-Professional Health Sciences (BS)
- Biology/Pre-Health Pathway (BS)
- Biomedical Engineering/Pre-Health Pathway (BS)
- Chemistry/Pre-Health Pathway (BS)
- Other Pre-Health Pathway (BS)

South Dakota State University

- Rapid City Nursing (BSN)
- Rapid City Respiratory Care (AS or BS)

University of South Dakota

- Rapid City Nursing (BSN)

Western Dakota Technical College

- Dental Assisting (Diploma)
- Emergency Medical Technician (Certificate)
- Health Information Management (Diploma or AAS)
- Medical Assisting (Diploma)
- Medical Laboratory Technician (AAS)
- Paramedic (AAS)
- Pharmacy Technician (Diploma)
- Phlebotomy/Laboratory Assistant (Diploma)
- Practical Nursing (Diploma)
- Registered Nursing (AAS)
- Surgical Technology (AAS)

Personal Information Section

Full Name _____

High School _____

Graduation Date _____

Email Address _____

Phone Number _____

Mailing Address _____

Gender

Male

Female

Prefer not to answer

Race

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other _____

Ethnicity

Hispanic or Latino

Non-Hispanic or Non-Latino

Are you a First-Generation College Student (FGCS)? *You are considered a FGCS if neither parent (natural or adoptive) has completed a 4-year bachelor's degree.*

Yes

No

Unsure

Do you qualify for Free and Reduced-Price School Lunches? *If you are unsure, your school counselor may be able to help you answer this question.*

Yes

No

Unsure

Cumulative high school GPA _____

List high school activities you've participated in (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.):

List public service and community activities you've participated in:

List job or volunteer activities (shadowing, internships, part-time work, etc.):

College you will attend in summer or fall 2021: _____

Program of study (must be from approved list): _____

By submitting this application, I affirm that all statements in this scholarship packet are true, complete, and correct. If awarded, I understand that if I do not enroll in one of the approved post-secondary programs during the fall 2021 semester, I will forfeit the scholarship. If awarded, I hereby authorize the use of my photo, name, basic application information, and likeness in WRAHEC publicity and marketing purposes.

Signature _____ Date _____