



CONTINUING SCHOLAR HEALTH-CARE EDUCATION SCHOLARSHIP INFORMATION

Application must be postmarked by March 1, 2012.

HOW TO APPLY:

Scholarship application packets are available by:

- Downloading application materials from the Northern Plains Eye Foundation (NPEF) website, www.npef.org, by clicking on “Scholarship,” then “2012 Continuing Scholar Health-Care Scholarship Information;”
- Contacting your High School Guidance Counselor’s office;
- Phoning (605) 716-6733 to request an application packet be mailed or emailed to you;
- Visiting the Northern Plains Eye Foundation (NPEF) at 623 Quincy Street, Suite 101, in Rapid City (across from the Rapid City Public Library), 9AM-5PM Monday – Friday.

APPLICATION PROCEDURE:

A standardized selection process, conducted by the NPEF Scholarship Committee, is utilized in choosing award winners. Scholarships are awarded based on, but not limited to, overall academic merit, extracurricular and health-care related activities, leadership, letters of recommendation, your personal statement, and planned health-care or eye-related course of study. In order to be considered, applicants are required to submit the items listed below (assembled in the order shown #1. – #5.) and mail the items together in ONE envelope (preferably a 9”x12” clasp envelope) to NPEF at the address on page 2.

1. Completed, signed and dated **Continuing Scholar Health-Care Education Scholarship Application Form 2012** (see page 3) that must be typed or printed in block letters;
2. **Résumé** (2-page limit);
3. Current **official college/university/trade school transcript**. Copies will **not** be accepted;
4. **Two (2) completed Faculty Recommendation forms** (from different faculty members – not administrative staff or teaching assistants). The faculty member must go on line at www.npef.org/scholarship.asp to access this form entitled “2012 Continuing Scholar Health-Care Education Scholarship Faculty Recommendation Form.” (Anything other than the on-line Faculty Recommendation form, such as personal letters, or forms completed by other staff members, will **NOT** be accepted.) Once the faculty member has typed the information into the on-line form and the form is complete, the faculty member must print and sign the completed recommendation form, place the form in an envelope (we suggest a school stationery envelope), seal the envelope and sign across the sealed back flap of the envelope, **before** giving it to the student. The Faculty Recommendation form must be included in your application packet – not mailed separately;
5. **Typed personal statement** (2-page limit), explaining why you are deserving of the continuing educational support, which must address **all** of the following:
 - Plans for future study and why you are pursuing your chosen health-care field;
 - Academic merit (GPA, class standing, Dean’s List, academic awards and other honors, etc.);
 - Extracurricular activities (clubs, organizations, community service, etc.);
 - Involvement in health-care related activities (volunteer or paid) including classes/coursework.

The address to which the completed application packet should be mailed/delivered is:

Northern Plains Eye Foundation (NPEF)
Attention: Health-Care Education Scholarships
623 Quincy Street, Suite 101
Rapid City, SD 57701

(NOTE: Application must be hand-delivered to, postmarked by, or have a cancellation stamp of March 1, 2012. Incomplete or late applications, or those with insufficient postage, will not be considered.)

SCHOLARSHIP SPECIFICATIONS:

- Applicant must reside in the Northern Plains Eye Foundation (NPEF) service area (see enclosed map or visit www.npef.org/about-us.asp).
- Applicant can pursue any course of undergraduate health-care studies, including technical fields (i.e., Optician or Ophthalmology Technician).
- Only one Scholarship Application per applicant.
- Applicant will receive written notification of the outcome of his/her application.
- Awarding of a scholarship is contingent on continuation of a **full-time undergraduate** course of study (i.e., college, university, technical school, etc.) and no funds will be disbursed until proof of enrollment is received by NPEF from the college/university. It is the student's responsibility to get documentation to the NPEF office by June 30, 2011.
- The scholarship award is designated for **school-related expenses only** (i.e., tuition, books, school fees, etc.), and will be administered through the college/university upon proof of enrollment.
- If a scholarship recipient's college enrollment changes (i.e., field of study, withdrawal from school, deferment, change from full-time to part-time, etc.) from what is indicated in the original application, NPEF **must be notified in writing immediately**, as this may impact the scholarship award. Failure to do so may require forfeiture of the scholarship money awarded.

INQUIRIES:

If you have any questions or need clarification, contact Peggy Martz, Executive Assistant, at (605) 716-6733 or e-mail pmartz@npef.org.



CONTINUING SCHOLAR HEALTH-CARE EDUCATION SCHOLARSHIP APPLICATION FORM 2012

(APPLICANT MUST HAVE BEEN A PREVIOUS NPEF SCHOLARSHIP RECIPIENT OR ALTERNATE TO BE ELIGIBLE)

NOTE: Response must be either typed or legibly printed in block letters. Application must be postmarked by March 1, 2012.

1. APPLICANT INFORMATION:

- a. Last Name: _____
- b. First Name and Middle Initial: _____
- c. Title (Mr., Ms., Miss, Mrs.): _____ Date of Birth (MM/DD/YY): ____/____/____
- d. Home Phone: (____) _____ Cell Phone: (____) _____
(Including Area Code) (Including Area Code)
- e. Mailing Address: _____
(Street Address or PO Box)

(City) (State) (Zip Code)
- f. E-mail address: _____
- g. Parent Name(s) and Mailing address(es):

Mother _____	Father _____
	(If different)
_____	_____
_____	_____
- h. Year NPEF Scholarship Previously Received: _____

2. ACADEMIC INFORMATION:

- a. Name of College/University Attending (2012-2013): _____

(Mailing Address) (City) (State) (Zip Code)
- b. Course of Study: _____ Check if course of study has changed

3. DECLARATION:

I declare that the information in this application packet is complete, true and correct. I accept that the Northern Plains Eye Foundation may cross-reference the application information with other sources (i.e., high school, college, etc.).

If any information provided in my application packet is inaccurate or misleading, I understand that my application will be rejected and any scholarship award money forfeited.

I understand by signing below, I am agreeing to allow Northern Plains Eye Foundation to use my information and photograph for publicity purposes, which may include TV, radio, newspaper, website, newsletter or other media, in the case that I am chosen as a Continuing Scholar Health-Care Education Scholarship recipient.

Applicant Signature Date