

**NORTHERN PLAINS EYE FOUNDATION**  
**High School Health-Care Education Scholarship Program**

**BACKGROUND/ HISTORY:**

The Northern Plains Eye Foundation (NPEF) is a non-profit organization, established in 2002, with a mission to promote and support research, education and service for eye health in the northern plains region. As part of the educational mission, NPEF began the "Health-Care Education Scholarship" program in 2005 for high school seniors planning to continue their education in a health-care field.

For the 2009-2010 school year, deserving high school seniors who are pursuing full-time health-care related studies are invited to apply for one of the **six (6) Health-Care Education Scholarships of \$1000 each**. All health-care related study areas will be considered, including technical fields (i.e. Optician or Ophthalmology/Optomety Technician). Previous successful applicants have had a GPA of 3.8 or above.

Students must be residents of the Foundation's service area which extends approximately 300 miles each direction from Rapid City, SD. This area includes all of South Dakota, northwest Nebraska, northeast Wyoming, southeast Montana, and southwest North Dakota. Awards are based on overall academic merit, extracurricular and health-care related activities, leadership, letters of recommendation, and planned health-care or eye-related course of study (see Selection Criteria, Application Procedure and Scholarship Specifications).

A total of thirty Health-Care Education Scholarships (\$26,000) have been awarded for post high school health-care studies since the program's inaugural year.

**HIGH SCHOOL HEALTH-CARE EDUCATION SCHOLARSHIPS**  
**Application Deadline is February 20, 2009**

**HOW TO APPLY:**

Scholarship application packets may be requested by:

1. Sending a letter to: Northern Plains Eye Foundation, Attn: Scholarship Manager  
P.O. Box 5568  
Rapid City, SD 57709-5568
2. In person by visiting the Foundation at 623 Quincy Street, Suite 101 in Rapid City (directly across the street from the Rapid City Public Library).
3. Telephoning at (605) 716-6733 and requesting an application packet.
4. Downloading application materials from our website at [www.npef.org/scholarships](http://www.npef.org/scholarships).
5. From your High School Guidance counselor's office.

**INQUIRIES:** If you have any questions or need clarification, call the Scholarship Manager at (605)716-6733 or e-mail [vision@npef.org](mailto:vision@npef.org).

## SELECTION CRITERIA:

Applicants are required to submit a completed Scholarship Application Form that should be typed or printed in block letters. The application must be accompanied by:

1. A **résumé (two page limit)**
2. Current **official high school transcript with school official signature and/or embossed seal** (copies not acceptable). **Unweighted GPAs** are required. Please check the GPA listed on your transcript; if it is weighted, have the school office or Counselor calculate the unweighted GPA and verify with their signature.
3. **Class Rank** (if not on transcript)
4. **Copy of ACT or SAT scores** (if not on transcript)
5. **Two completed High School Teacher Recommendation forms** (in sealed envelope & signed across the flap by the teacher or mailed separately by teacher)
6. A **personal statement** [no more than two pages in length], explaining **why you deserve the scholarship**, which addresses **all** of the following:
  - Plans for future study and why you are pursuing your chosen health-care field
  - Extracurricular activities (clubs, organizations, community service, etc.)
  - Involvement in health care-related activity (volunteer or paid activities)
  - Academic merit (Honor Society, academic awards, GPA, class rank, ACT/SAT scores...)

## APPLICATION PROCEDURE:

- Applicants must complete the application form and provide all requested information.  
**Note: Applications must be postmarked by February 20th, 2009 (or hand-delivered by noon on Friday, February 20th).**
- Incomplete or late applications, or those with insufficient postage, will not be considered.
- Address applications to: Northern Plains Eye Foundation, Attn: Scholarship Manager  
P.O. Box 5568, Rapid City, SD 57709-5568
- A postcard confirming receipt of applications will be sent to all applicants.
- A standardized selection process conducted by the Scholarship committee will be utilized in choosing award-winners.
- All applicants will receive written notification of the outcome of their applications.

## SCHOLARSHIP SPECIFICATIONS:

- Applicants must reside in the Northern Plains Eye Foundation service area (see page 1).
- Applicants may submit only one NPEF scholarship application form.
- Applicant can pursue any course of post-high school health-care studies, including technical fields (i.e. Optician or Ophthalmology Technician).
- Awarding of a scholarship is contingent on acceptance into **full-time** post-high school course of study (i.e., college, university, technical school, etc).
- 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.
- No funds will be disbursed until the proof of enrollment is received by NPEF (it is the recipient's responsibility to get documentation to the NPEF office **by June 30<sup>th</sup>, 2009.**)
- If your 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 your application, please notify NPEF in writing immediately, as this may impact your scholarship funding.

**NORTHERN PLAINS EYE FOUNDATION SCHOLARSHIP PROGRAM  
HEALTH-CARE EDUCATION SCHOLARSHIP APPLICATION FORM 2009**

**1. APPLICANT'S DETAILS**

- a. Last Name: \_\_\_\_\_
- b. First Name and Middle Initial: \_\_\_\_\_
- c. Title: (Mr., Ms., Miss, Mrs.): \_\_\_\_\_
- d. Social Security #: \_\_\_\_\_ e. Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- f. Mailing Address: \_\_\_\_\_  
(Street Address or PO Box)
- \_\_\_\_\_  
(City) (State) (Zip Code + 4)
- g. Home Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(Including Area Code)
- h. Parent's Names and addresses:
- |        |       |        |       |
|--------|-------|--------|-------|
| Mother | _____ | Father | _____ |
|        | _____ |        | _____ |
|        | _____ |        | _____ |

**2. ACADEMIC DETAILS:**

- a. High School Information: \_\_\_\_\_  
(Name of School)
- \_\_\_\_\_  
(Principal's Name) (School Phone Number)
- \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (Zip Code + 4)
- b. Name of College/University/Trade School planning to attend (2009-2010): \_\_\_\_\_
- Planned Course of Study: \_\_\_\_\_

3.  NPEF has my permission to publish my personal biographical information and photograph in press releases if I am a Scholarship winner.

**4. DECLARATION:**

I declare that the information supplied 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 must be refunded.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Northern Plains Eye Foundation Health-Care Education Scholarship High School Teacher Recommendation

**Deadline February 20, 2009**

Your recommendation addressing the student's qualifications for this award is valuable to the scholarship selection process. Please explain any special qualities that you believe make this student deserving of the award. If possible, provide specific experiences that show this student's merit.

**Student's Name:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**I am recommending this student because:** (please use back or attach separate sheet if needed.)

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**Please check the appropriate boxes below to rate the student's personal characteristics:**

CHARACTERISTIC	EXCELLENT	GOOD	FAIR	UNKNOWN
Motivation/Initiative				
Responsibility				
Integrity & Honesty				
Diligence/Perseverance				
Cooperation/Teamwork				
Common Sense/Judgment				
Leadership				
School/Extracurricular activities				
Health-care related activities (i.e. work experience, job shadow, certifications, health science projects or classes, blood drives, etc.)				
Potential for college success				
Overall impression				

Printed Name \_\_\_\_\_

Title/Department \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return by 2/20/2009, in a sealed envelope with your signature across the sealed flap, to:**  
**Northern Plains Eye Foundation, Scholarship Manager, PO Box 5568, Rapid City, SD 57709-5568.**

**Thank you for your input!**

**APPLICATION CHECKLIST  
NPEF HEALTH-CARE EDUCATION SCHOLARSHIP**

Before submitting your application, check the following:

- \_\_\_\_\_ 1. Resident of the Northern Plains Eye Foundation service area.
- \_\_\_\_\_ 2. Application form
  - \_\_\_\_\_ a. Answered every question on the application form (typed or printed)?
  - \_\_\_\_\_ b. Checked Publication release box (#3)?
  - \_\_\_\_\_ c. Signed and dated Declaration (#4)?
- \_\_\_\_\_ 3. One to two page Résumé.
- \_\_\_\_\_ 4. Current **official** high school transcript with school official signature and/or embossed seal. **Unweighted** GPAs are required. Please check the GPA listed on your transcript; if it is weighted, have the school office or Counselor calculate the unweighted GPA and verify with their signature.
- \_\_\_\_\_ 5. Class Rank (if not on transcript).
- \_\_\_\_\_ 6. Copy of ACT/SAT scores (if not on transcript).
- \_\_\_\_\_ 7. Two High School Teacher Recommendation forms (**use form provided**). Each must be in a separate sealed envelope and **signed** by the teacher across the **sealed flap** or mailed separately by the teacher.
- \_\_\_\_\_ 8. Typed personal statement [one to two pages in length] explaining why you deserve the scholarship, including:
  - \_\_\_\_\_ 1. Plans for future study and why you are pursuing your chosen health-care field
  - \_\_\_\_\_ 2. Extracurricular activities (clubs, organizations, community service, etc.)
  - \_\_\_\_\_ 3. Involvement in health-care related activity (volunteer and/or paid activity)
  - \_\_\_\_\_ 4. Academic merit (GPA, class standing, ACT and/or SAT scores, Honor Society, academic awards, etc.)
- \_\_\_\_\_ 9. Application has **sufficient postage** and is **postmarked by the deadline date, February 20th, 2009** (or hand-delivered to our office by noon, Friday, February 20th).