



SDAIA Trusted Choice Scholarship Application

Please print and mail to: **SDAIA Trusted Choice, Box 327, Pierre SD 57501**

Deadline: **December 23rd**

Name of Applicant _____

Last First Middle

Home Address _____

Street City State Zip

Telephone _____ Birth Date _____

Parents Names _____

Current occupations of parents _____

Family Income reported to the IRS from previous year _____

Number of children in family _____ Number of brothers/sisters attending college _____

Date of graduation from high school _____

College or University you plan to attend _____

Course of study you plan to pursue _____

List activities in which you have participated. Indicate with an (*), the activities in which you held offices. Use back of paper if necessary.

(9th Grade) _____

(10th Grade) _____

(11th Grade) _____

(12th Grade) _____

Additional financial aid received, including the amount of aid _____

Special Instructions:

1. Each applicant must check that all recommendations are submitted before **December 23rd**.
2. A copy of your high school transcript must accompany this application.
3. Applicants must submit two letters of recommendation from faculty members.
Recommendations letters should be mailed to: **SDAIA Trusted Choice, Box 237, Pierre SD 57501**
4. Mail this application to: **SDAIA Trusted Choice, Box 237, Pierre SD 57501**

