

**Dr. Dave and Mary Ann Kapaska
New Americans in Health Care
Scholarship Application Form**

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email: _____

Name of Course or Program: _____

Institution Name: _____

Institution Address: _____

City: _____ State: _____ Zip: _____

Please attach the following:

(1) A written essay of no more than 500 words that describes your career goals and how completion of the educational course or program will assist in meeting those goals.

(2) One letter of recommendation from a teacher, school official or non-profit social service organization.

Name

Institution

Phone

Relationship to You

Please return your **completed packet** to the Avera McKennan Foundation by **March 15** or **August 15**.

1325 S. Cliff Ave., Sioux Falls, SD 57105 – Plaza 4, Suite 205.

Questions may be directed to 605-322-8900.